	DEATH nne Arunde	1		22	
Village or City Jessups				Registration Dist. No. ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
2. FULL NAMI (a) Residence:	E Edward	Abends	chein	If U. S. Veteran, specify WAR World War St., Ward. If nonresident give city or town and State	
PERSONAL	AND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Single		D (write tha word)	21. DATE OF DEATH January 17 (Month) (Day) (Yae)		
5a. If merried, widowed, HUSBAND of (or) WIFE of	or divorced			22. I HEREBY CERTIFY, That I ettended deceased January 5th 19 37 to January 17 19	
6. DATE OF BIRTH (mo	nth, day, and year) N	ov. 4.	1888	Hast saw h im elive on January 16 1937; deeth is	
7. AGE Years 48	Months 2	Deys	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated abova, et 4:50 m.A.M. The PRINCIPAL CAUSE OF DEATH end ralated causes of Importance ware as follows:	
9. Industry or bus work was do SAW MILL, I 10. Data decaasad I this occupeti year)	k dona, es SPINNER, DDKKEEPER, etc. inass in which ne, es SILK MILL, BANK, etc. ast worked at on (month and	sper occu	ima (yaars) nt in this upation	Miliary tuberculosis: Cirrhosis of liver. Other Contributory Causes of importance:	
(State or country	·	ore, Md	9		
13. NAME	Unknown				
(Stata or cou	ty or town)			Name of operation Date of What test confirmed diegnosis? Was there en eutopsy?	
15. MAIDEN NAME 16. BIRTHPLACE (ci (State or, co) 17. INFORMANT (Addrass)	ty of town)	nown	uth	23. If death was due to externel ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homloide?	
18. BURIAL, CREMATION	or removations	Data Jana	21,19.37	Manner of Injury	
	on do PK V	Nipp	e and	24. Was disease or injury in any way related to occupation of deceesed?	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year
		2	

ADDITIONAL SPACE	FOR	FURTHER	STAT	EMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
			A	Com Marin	32	

Bow + live at severy.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	95-29
County Church Counted	Registration Dist. No. 22
Village or City Trub.	NoSt.,Ward
1 /	death occurred in a hospital or institution, give its NAME instead of street and number) O
1210612 40 6	M
2. FULL NAME STEP W X LYYV //	Amustuf U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DAYORCED (write the word)	21. DATE OF DEATH
Male Muty Marries	(Month) (Day) (Tear)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Olyabeth M. Dannon	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Wall 1-1873	I last saw h alive on
7. AGE Years Months Days If LESS than	to heve occurred on the date steted above, etm.
6 / 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8 Trade profession or perticular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Found dead on Farm.
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	No signs of violence.
SAW MILL, BANK, etc	Intom of everious heart altacks.
this occupation (month and spent in this occupation	Probable Cause of death - 11
sssula a aco	Other Coatributory Causes of importance: Commany 7/14/
12. BIRTHPLACE (city or town) (State or country)	Thromboses 1/3
# 13. NAME Muchael Bannon	This cutificate death
13. NAME / Michael Namon 14. BIRTHPLACE (city or town) Value 15. State of the city of town)	Name of operation. Dete of
(State or couptry)	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
15. MAIDEN NAME COTTLY WE CARRO	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17, INFORMANT MAS Colizabeth M. Dances	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) firstleft gut	
18. BURIAL, CREMATION OR REMOVAL PIECE & HUNTMEN CORE MUNICE 193	Manner of injury
Plece V hundring white fluid 19, 192	Neture of injury
19. UNDERTAKER J. J. CILMY J.	24. Was disease or injury in any way related to occupetion of deceased?
(Address) (Noveth with	If so, specify Markshilley
20. FILED Jan 20 , 1937 Wara M Maslup	(Signed) Savage, \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
If more blanks are needed, address State Rezistrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 10 1937	1921	Run over by street car	1 week ago
Ccrebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SCREAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Dr. Frank Shipley -	
7 7 7	
*	

M	WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	ation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	\
•	RECEAD. Evel	PHYSICIAL	Exact statemer	
SINDING	ERMANENT	EXACTLY.	classified. I	4
FOR 1	SISAP	stated	properly	portificat
ARGIN RESERVED FOR BINDING	G INK-THE	GE should be	that it may be	o doch no su
ARGIN	H UNFADIN	y supplied. A	ain terms, so	Soo instructio
	PLA. LY, WIT	hould be carefull	OF DEATH in pl	TOM is your important Sas instructions on book of sortificate
	WRITE	ation s	AUSE	TON in

County Anne Arundel Village or City Crownsville State Hospit				Registration Dist. No	· · · · · · · · · · · · · · · · · · ·	
Village or Ci	ty Crownsv	ille Sta	ate Hospi	tal No. St., Wall f death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of rasio	lenca in city or town whar	a daath occurred	yrs,mos	s10ds. How long in U.S. if of foreign birth?yrs	mosds	
2. FULL NAM	ME Phil	lip Baya	ard	If U. S. Veteran, specify WAR		
(a) Residence	e: No. Sass	afras (lecil Cou	ntyst, Kary Wardnd If nonresident give city or town as	nd State	
	AL AND STATIS			MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE Male black S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married			ED (write the word)	21. DATE OF DEATH January 22nd (Month) (Day)	., 193 7 (Year)	
5a. If marriad, widows HUSBAND of	d, or divorced					
(OT) WIFE OF	Unkno	wn		22. I HEREBY CERTIFY. That I attende January 13, 19 37, to January 2		
5. DATE OF BIRTH (month day and veer)	1887	X FIRES	liest saw h im alive on January 22nd 19 3	7: death is sai	
. AGE Year		Days	If LESS than	to have occurred on the date stated above, at _8:10 Pn. M.		
5	0 Unk	nown	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware es follows:	Date of onse	
- Orini Ling	BOOKKEEPER, etc	Labor	er			
year)	done, as SILK MiLL, , BANK, atc. d last worked at ation (month and or town) Mary	11. Total sp.	tima (yaars) ent in this ——— upation	Other Contributory Causes of importance:		
year) 12. BIRTHPLACE (city (Stata or coun	usiness in which done, as SILK MiLL,, BANK, atcd last worked at ation (month and	11. Total Sp oc:	tima (yaars) entin this ———	Other Contributory Causes of importance:		
year) iz. BIRTHPLACE (city (Stata or coun	usiness in which done, as SILK MiLL,, BANK, atc. d last worked at ation (month and ror town) Steve Ba (city or town) Un	land	tima (yaars) entin this ———	Name of operation		
12. BIRTHPLACE (city (State or cound 13. NAME 14. BIRTHPLACE (State or Cate or	usiness in which done, as SILK MiLL, , BANK, atc. d last worked at ation (month and - y or town) Mary try) Steve Ba (city or town) Uncountry)	land	tima (yaars) entin this ——— upation		n autopsy?	
year) 12. BIRTHPLACE (city (State or coun) 13. NAME 14. BIRTHPLACE (State or 15. MAIDEN NAM 16. BIRTHPLACE (State or	usiness in which done, as SILK Mill.,, BANK, atc d last worked at ation (month and — or town) Mary (ret) Steve Ba (city or town) Uncountry) ME Gertr (city or town) Uccountry)	land yard known ude Bard	tima (yaars) ent in this ——— cupation ————————————————————————————————————	Name of operation Dete of. What test confirmed diagnosis? Was there at 23. If death was due to external ceuses (VIOLENCE) fill in elso the follow! Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and S	n au'opsy?	
year) 12. BIRTHPLACE (city (State or coun) 13. NAME 14. BIRTHPLACE (State or State or Cate or C	usiness in which done, as SILK MiLL, BANK, atc. d last worked at ation (month and or town) Steve Ba (city or town) (city or town) (city or town) (city or town) Un country) ME Gertr (city or town) Un country) ME Gertr	land yard known ude Bard nknown	tima (yaars) ent in this ——— cupation ————————————————————————————————————	Name of operation Dete of. What test confirmed diagnosis? Was there at 23. If death was due to external ceuses (VIOLENCE) fill in elso the follow! Accident, suicide, or homicide? Date of injury	n au'opsy?	
12. BIRTHPLACE (city (State or county) 13. NAME 14. BIRTHPLACE (State or county) 15. MAIDEN NAME 16. BIRTHPLACE (State or county) 17. INFORMANT	usiness in which done, as SILK Mill.,, BANK, atc	land yard known ude Bard nknown Records	tima (yaars) ent in this ——— cupation ————————————————————————————————————	Name of operation Dete of. What test confirmed diagnosis? Was there at 23. If death was due to external ceuses (VIOLENCE) fill in elso the follow! Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and S	n au'opsy?	

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I	il il	Example II	
EIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
	1921	Run over by street car	1 week ago
4 1937	July 5,1927	Peritonitis	3 days ago
AU V. S.			
ortance:		Other contributory causes of importance:	
	May 1,1923	Gastroenteritis	1 year
	EIVEC	EIVED 1915 1921 4 1937 July 5,1927 CAU V. S. ortance:	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car 4 1937 July 5, 1927 Perilonitis Other contributory causes of importance:

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	106:20
County a. a. Co. Md.	Registration Dist. Np.
Village or City Unnapoles	No. Emergency Horspital, St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
() () () () t	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sark Dlack Home	
(a) Residence: No. 3. Worant Court	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonreadent give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Jan. 21 193
5a. If married, widowed, or divorced	(Month) (Day) Year)
HUSBAND of (Or) WIFE of (Q)	22. 1 HEREBY CERTIFY, That I attended deceased from
Jacob Mac Vanne	Jan. 15, 1937, 10 Jan. 21, 1937
6. DATE OF BIRTH (month, day, and year) Lets 5, 1863	last saw h. Last alive on Jan., 1937; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 4 20 Q m.
67 -73 10 16 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	Myacardial Granffiney Date of onset
SAWYER, BOOKKEEPER, etc. Comanus 9. Industry or business in which	4/1 7 ///
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Data deceased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation	7.
12, BIRTHPLACE (city or town) / / / / / / / / / / / / / / / / / / /	Other Contributory Chases of importance:
(Stata or country) W, W, Oo, 1110.	June 15 minus
13. NAME Reihard Titles	-/
14. BIRTHPLACE (city or town) 1 14. BIRTHPLACE (city or town)	Name of operation Mane Data of
(State or country) U.U. Do. 11101.	What test confirmed diagnosis? Clusical Was there an autopsy? MZ
15. MAIDEN NAME LENder Monow	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME LENGER HONGE	Accident, suicide, or homicide? Data of Injury, 19
E (State or country) W. W. Co. 11101	Where did injury occur?
17. INFORMANT Edward Blackstone	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) 6/ blay of annaholis Ma	,
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Il Lount toggivery Date / ag 42 , 195/	Nature of Injury.
19. UNDERTAKER & Ras C Seas O	24. Was disease or Injury In any way related to occupation of deceased? 20
(Address) Address Address	If so, specify
20. FILED 7 22, 19 37 Amiles	(Signad) J. J. M.D. M.D.
Registrar.	(Address) amapolis ma
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis FEB 4 1331	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	FURTHER STATEMENTS BY PH	YSICIAN Liled under Martin.
0		1415/37

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

BINDING

RESERVED

ARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	WAY THE
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	1		
Other contributory causes of importance:	100	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING

V. S. No. 1

63	0	31	100	
- 11	13		8	
U	V	8	Ŧ	

1. PLACE OF DEATH					93 70		
Count	y Anne	Arunde			Registration Dist. No.	3. T	
		reetown	death occurred	(16 yrs,3mos	Ala	Ward	
2. FULL	NAME	Traver	s Bouve	70	If U. S. Veteran, specify WAR		
				A. Coun	ty St., Ward. If nonresident give city or town		
PER	SONAL AN	ND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX male		OR OR RACE	s. single, mar or divorce	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH January 14th (Month) (Day)	, 193 7 (Year)	
5a. If married, HUSBANI (or) WIFI	widowed, or div D of E of Pris	orced Scilla J	ane Bou	yer	22. I HEREBY CERTIFY, That I attend	led deceased from	
6. DATE OF B	IRTH (month, da	ay, and year)	ay 17.1	865	Hast saw h_im_alive on_December_26,193.	- 1	
7. AGE 8. Trade.	Years 7 I , profession, or p	Months 7 Darticular , as SPINNER, EPER, etc.	Days 28	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at5am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Arteriosclerosis	Date of onset	
10. Date thinge	deceased last wo is occupation (mo ar)	onth and	11. Total t spe	ime (years) nt in this upation	Chronic myocarditis Other Contributory Causes of importance:		
I3. NAME		Boyer	<u>IIId</u>	•			
L (S		own)	d.			f	
17. INFORMAN	PLACE (city or t tate or country)	ngeline own) [ary Smi	Md. th		23. If death was due to external causes (VIOLENCE) fill in also the follow Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC	wing: , 19 State) PLACE,	
(Addre	REMATION, OR	REMOVAL Neck		,1937	Manner of Injury		
19. UNDERTAR (Addre	(ER J. (SS) RE	Hayes	e, Md.	Breif Registrar.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address)	no wed	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exa	mple I	1/6	Example II		
The principal cause of death of importance were as follow	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	A 193	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	TLU (C1921	Run over by street car	1 week ago	
Cerebral hemorrhage	MARCHU!	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of	importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH . 096
1. PLACE OF DEATH County Ormal Ormadel Village or City Mr. Phenson Sta- (If Length of residence in city or tayon where death occurred yrs	Registration Dist. No. 23 No. 1. Brook No. 1. Ward St., Ward death occurred in a hospital or institution, given NAME instead of street and number) ds. Howlong in U.S. if of foreign birth? yrs. mos. ds.
(a) Residence: No Sudi place of abode)	Benoolaate yn Afel Reg If nonresident give eity or Jown and Stale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (2017) the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 1-4-37	I last saw h elive on 19 deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this occupation (month and the properties) of the count in this programmer.	Orematurily Date of onset
work was done, es SILK MILL, SAW MILL, BANK, etc.	<u> </u>
10. Date decesed last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Mc Pherson Sta My (State or country)	Other Contributory Causes of Importance:
# 13. NAME Sandy Harrison Bradshan	
13, NAME Sandy Harrison Bradshan 14. BIRTHPLACE (city or town) Royloro h (State or country)	Name of operation
15. MAIDEN NAME Mary Clinabeth Johnson 16. BIRTHPLACE (city or town) Arrolly (State or country)	23. If death wes due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT Sandy F. Bradsham and.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place 1 19.37	Manner of Injury
19. UNDERTAKER + ather-Study H. Braine (Address)	Nature of Injury
20. FILED UND 1937 M. B. Dealla Registrar.	(Signed) Havry M- Moore M. D. (Address) Qlaw Burne Ind.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis FEB 5 1937	1915	Attack of epilepsy .	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

CAUSE OF DEATH in plain terms, so that it may be

B.-WRITE

state

Every item of infor-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1.	. PLACE O	F DEAT	Н						(131)	J14.	h	
	County	Anne	Arund	all	A di unnoun					Registrati	on Dist. No. 2	ALLE OF
	Village or C	ity Ar	mapolis	S			No	170	Green	St.	ME instead of street	Ward
		-	or town where do			yrsmos.	death occur				AME instead of street	
2.			ary Gab					If U.	S. Veteran,	specify WAR		
	(a) Residen	ice: No]	L70 Gre	en S	St.		St.,	N	Vard.			
				(Uı	ual place of						dent give city or town	
17			STATISTIC							ERTIFICA	TE OF DEAT	H
3. \$	Female	4. color	or race	OR D	LE, MARR DIVORCED L dow	IED, WIDOWED, (write the word)	21. DA	TE OF	DEATH	(Month)	my 26	, 193 (Year)
	If married, widow HUSBAND of (or) WIFE of	,	ed R. Bi	radv	7		22/				FY, Thet I atter	
6. D	OATE OF BIRTH					,1862 /	l last saw		alive on	1923 to	Jan 10 19	de ; death is seid
7. A			Months		Days	If LESS than	to have o	occurred on	the date stated	d ebove, at.4	A-m.	
	7	4	3	2	0	1 dey,hrs.	The PRI	NCIPAL CA	USE OF DEAT	H end related o	causes of importance	
ATION	SAWYER 9. Industry or	work done, e , BOOKKEEP business in	s SPINNER, ER, etc	Vone	3				esdeas	Dila	takey	Date of onset /-26-3
OCCUPATION	10. Date deceas	s done, as SI LL, BANK, et ed last work pation (mont	ed at		1. Total tim	ne (yeers) in this ation	Chr	onie s	neghritis	a Deviat	ion i ten/goa	valo
12.		ty or town)	Annapo Mary 1	olis			Ve	lu	Causes of impo	aut o		1993
2	13. NAME J	ohn (- the	O-Jan	auus	nym	Ma	•••••
FATHER	14. BIRTHPLACE		Anna	poli La no	s						Date Wes there	
ER	15. MAIDEN NA	ME Mar	y Volm	er	1/5.10	t.					E) fill in elso the folio	
MOTHER	16. BIRTHPLACE	E (city or tow	Annapo Maryla		5		Accident	, suicide, o		*************	Date of Injury	- 188
17.	INFORMANT N	Irs. I	Clizabe colis, I	th V	Voy t y /land	ch	line.			(Specify cit	y or town, county and HOME, or In PUBLIC	State) PLACE,
18.	Place Ar	napo]	MOVAL Lis, Md	Date	Jany	· 28 _{,19} 37						
19.	UNDERTAKER(Address)	John	M. Tay	lor d.	4		24. Was d		njury in any wa	ay related to oc	ccupation of deceased	?
20.	FILED. 1.2	 , 19	37	PW	w	Registrar.	(Sig	(Addres	allow ss) Qui	ofole	lin THE	9 M. D

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Example I	Plan	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephtitis FFB 4 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BIREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Cerebral hemorrhage	FEB-4 1937	July 5, 1927	Peritonitis	3 days ago		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Other contributory	causes of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

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Javos

BINDING

RESERVED

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
FEB 4 1937				
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
hype assurance and				

To suthousation & Change	ER STATEMENTS BY PHYSICIA	N Out in a
to sulhousalion & change	name of talker	see beller Ties
under Dalis . 3/16/37 6R/	5/1	0 1
0 7 7 7 2 3 0	00	

ARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	94-E
County Chrise arundel	Registration Dist. No.
Village or City Annaholis	No. 5 9 Mary land are St. 1 Ward
(If Length of residence in city of town where deeth occurred 7 4 yrs 19 mos.	death occurred in a hospital or institution, give its NAME instead of street and number)
(D) 1 1 D 1	Manly
2. FULL NAME Tichald Tardiner	PATE LIBITA OF
(a) Residence: No. 5 4 My asy Case Cure (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male White OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	20 LUEDEDY CERTIEV The Lawrence
(or) WIFE of Florence Q. H. Chancy	22. JHEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) March 274/862	I last saw h elive on Acc 30 1937; death is seld
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 950 m.
74 16 3 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
d 9 Trade profession or particular	Date of onset
8 Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Leal Estate	alleh
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	A A A
11. Total time (yeers)	brown (wambores but
this occupation (month end spent in this occupation	
12. BIRTHPLACE (city or town) (1) O. Co M.C.	Other Contributory Conses of Importance:
(Stete or country)	and on Mankoon
13. NAME Waring D. Chaner	
13. NAME Marine D. Chaney 14. BIRTHPLACE (city or town) Os Q. Complete (State or country)	Name of operation Date of
(State of country)	Whet test confirmed diagnosis? Wes there en autopsy?
15. MAIDEN NAME Emily Sardiner 16. BIRTHPLACE (city or town) Q. Q. Ro (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Q. Q. Co	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county end State)
17. INFORMANT Ds J. Tardiner Chancy	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Churafabli Mill 18. BURIAL CREMATION, OR REMOVAL	Discouling
Plecellam holis Wil Date Tely 2 137	Manner of injury
Plut of Vit	Nature of injury
19. UNDERTAKER World . Suite (Address) Churabali Zyal.	24. Was disease or injury in any way related to occupation of deceased?
1 31 27 / 11/	(Signed) Muse M. D.
20. FILED 19.7. Resistrar.	(Address ! Charafiles Jan)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage FEB 4 1937	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

TION is very important. See instructions on back of certificate.

V. S. No. 1
N. B.—WRIT

	-CERTIFICATE OF DEATH 101
1. PLACE OF DEATH	95-2
County	Registration Dist. No.
Village er City Length of residence in city or town where death occurredyrsm	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) los. ds. How long In U.S. if of foreign birth? yrs. ds.
2. FULL NAME STATE GOOD	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (surince the word)	21. DATE OF DEATH (Month) (Day) (Year)
Sa. If married, widowed or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from Supt. 1936, to Jun 14 1936
6. DATE OF BIRTH (month, day, and year) \$ \$12.3 1876	I last saw h alive on June 19; death is sai
7. AGE Years Months Deys If LESS than 1 dey,hr	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Chs. Myocarditio ?
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. 1odustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year) spent in this occupation occupation occupation.	
12. BIRTHPLACE (city or town) Thur fough Co. (State or country), Apart fough Co.	Other Contributory Causes of importance: 300/140
13. NAME / richard Chambers	Starlet -
13. NAME / RICHARD Chambell 14. BIRTHPLACE (city or town) That for a country)	Name of operation Date of Whet test confirmed diagnosis? Clanuard Was there en autopsy?
E 15. MAIDEN NAME Rasife Chamber	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) - Far ford	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT William Color (Address) 2,4 Carrole st	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Six admicfo Date 77, 19/	Manner of Injury
19. UNDERTAKER S. Johnson (Address)	24. Was disease or injury In any way related to occupation of deceased?
20 FILED TILE 1937 All Straff	(Signed) Manney J. Cowans M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

100	Example I	1	Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	FFR A 1937	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUNEAU V. S.	July 5,1927	Peritonitis	3 days ago	
	The state of the s				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				U THE	

ADDITIONAL SPACE FOR FU	RTHER S	STATEMENTS	BY	PHYSICIAN
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N. B.-WRITE PLA

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE O	F MARVI	AND-CERTIFIC	ATE	OF	DEATH
SIAIL	IN MARTL	AND CERTIFIC	AIL	OF	DEAID

1	. PLACE OF DEATH County Anne Arund	el	Registration Dist. No. 21			
	Village or City Crownsvi	(If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.			
2	FULL NAME Annie C (a) Residence: No. Bowie,	ulver	If U. S. Veteran, specify WAR St., Ward.			
		(Usual place of abode)	If nonresident give city or town and State			
	PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
	Male Black	5. SINGLE, MARRIED, WIDOWED, OR SHORGED (garriee the word)	21. DATE OF DEATH Jan. 1 (Day) (Year)			
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of		22. Dec. 29 19 36 to Jan 1 1937			
6. I	DATE OF BIRTH (month, day, and year) LIGE Years Months 22	Deys 1914 1 day,hrs, 01min.	I last saw h im alive on Jan 1 1937; death is said to heve occurred on the dete stated ebove, at 55p.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were es followite cardiac Dilitation Date of gneet			
OCCUPATION	8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years) spant in this Occupation				
12.	(State or country)	yland	Other Contributory Causes of Importance: Chronic MyOcarditis: Journton, unknown. ?			
E	13. NAME Johnnie C	olbert	Curf.A.			
FATHER	14. BIRTHPLACE (city or town)	ryland	Name of operation Date of What test confirmed diegnosis? Was there an europsy?			
ER	15. MAIDEN NAME Annie	Griffin	23. If death was due to external causes (VIOL ENCE) fill in also the following:			
MOTHER	16. BIRTHPLACE (city or town) Mary (Stata or country)	land	Accident, suicide, or homicide?			
17.	INFORMANT Hospital R (Address) Crownsvill	e. Maryland	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18.	BURJAL, CREMATION, OR REMOVAL Place	P. Co. Bowie	Manner of injury			
	UNDERTAKER M. Fladung J (Address) Physics FILED COLL 193	T TO Registrar.	24. Was disease or injury in any way related to accupation of diseased? If so, secify (Signal) (Aridress) TOWNSVILLE, Md.			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example 1		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
N THE STATE OF THE					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

FOR BINDING

ARGIN RESERVED

of OCCUPA.

:	1. PLACE OF DEA	TH			(11-2)			
	County Anne	Arundel			Registration Dist. No. 21			
1	Village or City A			1 yrs mos	No. Emergency Hospital St., death occurred in a hospital or institution, give its NAME instead of street and not death. ds. How long in U.S. if of foreign birth? yrs. mos	Ward umber) sds.		
	2. FULL NAME F							
	(a) Residence: No.				St., Ward. If nonresident give city or town and S	State		
	PERSONAL AN	ND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH			
3.		or or race	5. SINGLE, MAR OR DIVORCE Marrie	RIED, WIDOWED. D. (write the word)	21. DATE OF DEATH (Month) (Day)	193 7 (Yaar)		
5a	. If married, widowed, or div HUSBAND of (or) WIFE of Ca.		Dammeye	r	22. I HEREBY CERTIFY, That I attended d	leceased from		
	DATE OF BIRTH (month, da		ept. 5,	1885	I last saw h since alive on fam / 11 , 1937	; death is sald		
7.	AGE Years 51	Months 4	Days 7	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated abova, atm. Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Data of onset		
TION	8. Trade, profassion, or p kind of work dona SAWYER, BDOKKE	, as SPINNER, EPER, etc	Carpente	r	acute endo carditis 1/1/2			
OCCUPATION	9. Industry or business I work was done, as SAW MILL, BANK, 10. Date deceased last wo this occupation (mo year)	etc	spe	aval ime (years) nt in this upation				
12	BIRTHPLACE (city or town (State or country)	Annapo Vary la no	lis		Dther Contributory Causes of importance:	12/5/3		
ER	13. NAME Henry	Dammeye	r					
FATHER	14. BIRTHPLACE (city or t (Stata or country)	own) Germa	ny		Name of operation Name Date of	stoney? 713		
ER	15. MAIDEN NAMEELI	ise Falt	usch		23. If death was due to external causes (VIOLENCE) fill in also the following:			
15. MAIDEN NAME Elise Falbusch 16. BIRTHPLACE (city or town) Germany (State or country)					Accident, suicide, or homicide?			
17	. INFORMANT Carri (Address) 570 V	le E. Da Vest St.	Annapo	lis. Md.	(Specify city or town, county and State Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLA			
18	BURIAL, CREMATION, OR Place Annapo	REMOVAL			Manner of Injury			
	UNDERTAKER John (Address) Annar	M. Tayl	or	skh.	24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed) J. W. M. M. Gritus	110 - y.D.		
		1/1	77111	Regidear	(Address) (Assau a Collas	ma.		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

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Example I			Example II			
The principal cause of importance were Arteriosclerosis	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset		
Chronic interstitial n	phritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	FEB 4 1007	July 5,1927	Peritonitis Peritonitis	3 days ago		
	BUREAU V. S.					
Other contributory	causes of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-LY, WITH UNFADING INK-THIS IS A PERMANENT REC MON is very important. See instructions on back of certificate. N. B.-WRITE PLA

	STATE OF MARYLAND	CERTIFICATE OF DEATH	972
1	L PLACE OF DEATH	127)	
	County	Registration Dist., No.	
	Village or City American	No. death occurred in a holpites or institution, give its NAME, its ear of the cet and n	- Ward
	Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth yrs mo	
2	2. FULL NAME / / Sichard Ala	If U. S. Veteran, specify WAR	
	(a) Residence: No. 59 Chlout at	St. Ward. WITHIN COMPORATE LI	MITSOF
	(Usual place of abode)	If nonresident give city or town and	State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193 7
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended d	lecaasad from
-		Jan 31 ,19 3 /, to Jun 31	, 193.
_	DATE OF BIRTH (month, day, and year)	I lest saw h. Lan alive on Jan 21, 19.2/	; death is sai
7.	AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at. X. 10-4-m.	
	52 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Data of onsat
Z	8. Treda, profession, or particular kind of work done, as SPINNER,	Duphung Jall-varials	}
	SAWYER, BOOKKEEPER, etc	Carlo da Antonika	
UP	work was done, as SILK MILL, SAW MILL, BANK, etc	JUNIOU YUS VIVIANIA S	
000	10. Date deceased last worked at this occupation (month and year)		
		Other Contributory Couses of Importance	
12.	BIRTHPLACE (city or town) (State or country)	Jananaga Juurstu	
2	13, NAME	plenning, vil attent	
H	14, BIRTHPLACE (city or town)	Name of operation Date of	
1	(Stata or country)	What test confirmed diagnosis? Churisul Was there an el	n'onev?
F	15. MAIDEN NAME	23. If death was due to externel causes (VIOL ENCE) fill in also the following:	
H	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury	
Σ	(State or country)	Where did injury occur?	
17.	INFORMANT	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	CE.
18.	BURIAL, CREMATION OF REMOVAL	Manner of injury	
	Place I Mussfell Date HUS 4, 13 7	Neture of injury	
19.	UNDERTAKER J.	24. Was disease or injury in any way related to occupation of deceased?	V.
20.	FILED 2 3 (1937) Minspire	(Signad) M Kanyans	2 W
	Registyler.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	£
	, and a contract of the contra	-T C Onited Denninors, stripments O. D. 210. 1.	

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	i	Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	146 5 5 5 10 5 5	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	MAR 4 1027	July 5,1927	Peritonitis	3 days ago	
	BUKEAU V. S.				
Other contributory	causes of importance:	ij	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

STATE OF MARTEAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	103
County anne arundel	Registration Dist. No. 23
Village or City farmand ma	
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of toreign blirth?yrsmosds.
2. FULL NAME Elsa Durner	
(a) Residence: No. Hornous Sta	. St., Ward.
Harman (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIYORCED (write the word)	21. DATE OF DEATH
5a. It married, with most or divorced HUSBANO of College O & & & & .	(Month) (Oay) (Year)
(or) WIFE of Ethel Sappington	22. I HEREBY CERTIFY, That I attended deceased trom
2 0.0210	1 1936, to form 8 , 193/
6. DATE OF BERTH (month, day, and year)	I last saw h_ alive on, 19,37; death is seid
7. AGE Years Months Oays It LESS than I dayhrs.	to have occurred on the date stated above, at
23 1 9 16 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Loton Brannoma 1/4/
SAWYER, BOOKKEEPER, etc.	myocardid change
9. Industry or business in which work was done, as SILK MILL. Parana RIR.	10
O No. Date deceased last worked at	
this occupation (month and spent in this year)	
La Binguist of City of the Section o	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	on thy wo and .
13. NAME Sansan S D' D. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
E CONTRACTOR	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Oate ot
	What test confirmed diagnosis? Jung & Karwas there an autopsy?
I Value	23. It death was due to external causes (VIOLENCE) fill in also the tollowing:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Oate ot injury
1 (Gate of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Class Duries	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CRIMATION, OR REMOVAL	
Place Manual Costo Date Tam 10 193	Manner of injury
Ober 1	Nature of injury
19. UNOERTAKERS OF CHICAGO	24. Was disease or injury in any way related to occupation ot deceased?
(Address) Worth of Carrier.	If so, specity
20. FILED JUW 10, 1937 M. P. De alla	(Signed) 12/2/1 mbang/M.D.
Registrar.	(Address)
If more blanks are needed, address State Registrar	2411 N. Charles Street Relaimore Programs (2) S. N.

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		The same and the s		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

FOR BINDING

ARGIN RESERVED

-WRITE

	1. PLACE OF DEATH County Anne Arundel	West assessing the contract of				
1	Village or City Crownsville State Hospita	Registration Dist. No				
	2. FULL NAME Adeline Dutton					
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
	S. SEX female 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH January 5th (Month) (Day) (Year)				
certificate.	5a. If married, widowed, or divorcad HOSBAND or (or) WIFE of John Dutton	22. HEREBY CERTIFY, That I attended deceased from December 25 19 36 to January 5 19 37				
	6. DATE OF BIRTH (month, day, and year) 1872 7. AGE Years Months Days If LESS than I day,hrs.	I last saw h. er alive on January 5th 19.37; death is said to have occurred on the date stated above, at 3:30 P. M.				
of certi	P. Trade profession or particular	The PRINCIPAL CAUSE OF DEATH end related causes of importance ware as follows: General arteriosclerosis Date of onset ?				
n back	Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Deta daceased last worked at this occupation (month and					
instructions on	year) spart in this occupation occupation 12. BIRTHPLACE (city or town) Maryland (State or country)	Other Contributory Causes of Importance: Senility				
ıstr	置 13. NAME Unknown					
See in	14. BIRTHPLACE (city or town). Unknown (State or country)	Neme of operation Dete of Was there an autopsy?				
important.	15. MAIDEN NAME UNKNOWN 16. BIRTHPLACE (city or town) (State or country)	23. If death wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicida, or homicida?				
is very i	17. INFORMANT Hospital Records (Address) Crownsville, Maryland 18. BURIAL, CREMATION, OR REMOVAL	Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. Menner of Injury				
TION i	19. UNDERTAKER 2. X. Hilboughby (Addrass) Earle Muse market grange land. 20. FILED 1 6 , 19.37 Market. Registry.	Neture of Injury 24. Was disease or injury in en way related to occupation of deceased? If so, specify (Signed M. I (Address) Crownsville, Maryland				

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
FFB 4 1931				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

properly classified.

be

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

should state of OCCUPA-

stated EXACTLY. PHYSICIANS properly classified. Exact statement UNFADING INK-THIS IS A PERMANENT REC ARGIN RESERVED FOR BINDING

1. PLACE OF DEATH						(no)	MINAIN	Dist. No. 21	
	County Anne	Arundel				(TO)	Registration t	Dist. No. 21	1191-7.44
	Village or City_A			5 (If	No. 205 death occurred in a host	pital or institution	ster St	St.,	Ward
									_mosds
2.	FULL NAME (a) Residence: No.		ucester	St.	st., Wa				10.
	PERSONAL A	ND STATISTI	(Usual piac		MEI	DICAL CE		OF DEATH	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX					21. DATE OF	DEATH	(Month)	24	, 193. 7
5a. If	marriad, widowed, or di	ivorced fred C.	Forrest	er	22. Way	EREBY		That I attand	11
6. DA		day, and year) Se	pt. 27.	1886 If LESS than 1 day,hrs.	to have occurred on	alive ontha data stated a	an 200 bova, at 10	19	27; daath is said
NO	8. Trada, profession, or kind of work don	The PRINCIPAL CAL wara as follows: Prumary cas		interisa).		Date of onset			
OCCUPATION	SAWYER, BOOKKEEPER, etc HOM @ 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc				Carem	mu	This	not "	5 mg
8	10. Data dacaasad last v this occupation (r year)	month and	30	time (yaars) ent in this cupation	K.O.J. W. K.				
12. B	SIRTHPLACE (city or tow (Stata or country)	Maryla	d Co.		Other Contributory C	Causes of imports	ince:		
ER .	13. NAME Uriah	Johnson							9.7
FATHER	14. BIRTHPLACE (city or (Stata or country	Name of operation.	6)	J hm	Was there	n autopsy?			
ER	15. MAIDEN NAME	Anne Eli:	zabeth	Bull	23. If death was due to	o axtarnal cause	s (VIOLENCE) fil	l in also tha follow	ring:
MOTHER	16. BIRTHPLACE (city or (Stata or country	town)	ord Co. Land		Accident, suicide, or Where did injury occ				
17. 11	NFORMANT Mary (Address) 1030	I. Jone:	s ert St.	Balt.Md.	Specify whether inju	ry occurred in I	(Specify city or NDUSTRY, in HO	town, county and S ME, or in PUBLIC	PLACE.
18. B	BURIAL, CREMATION, OF Place Baltime		Data Jan	y. 27,19 37	Manner of Injury Nature of injury				
19. U		n M. Tay napolis			24. Was disease or in	11-9	related to occupa	ation of deceased?	mx
20. F	TLED 126	,19.3)	Min	Apply Registrar.	(Signed) (Address		mn	polis	[m. [
		If more	blonks are needed,	address State Registrar,	2411 N. Charles Street,	Baltimore, Requ	esting U. S. No.	r.	

N. B.-WRITE

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
EB 4 1931					
Other contributory causes of importance:		Other contributory causes of importance:			
The state of the s		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FUR	FURINER	STATEMENTS	PI	PHISICIAN	

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may -WRITE

1. PLACE OF DEATH	72-0
County Anne Arundel	Registration Dist. No. 21
Village or City Annapolis,	No. 23 Jefferson St. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long In U.S. If of foreign birth?yrsmosds.
	If U. S. Veteran, specify WAR
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE White 5. SINGLE, MARRIEO, WIDOWED, OR DIVORCEO (write the word) Single	21. DATE OF DEATH (Mos/fh) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	22/ HEREBY CERTIFY, that I attended deceased from
(or) WIFE of	Janes 10 1981 to Janes 19 1937
6. DATE OF BIRTH (month, day, and year) May 16, 1932	Mast sew 1 Alive on Assurated 17, 19.3 1; death is said
7. AGE Years Months Days If LESS than	
4 8 3 1day,hr	S. The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows:
8. Trade, profession, or particular kInd of work done, as SPINNER, None	8
SAWYER, BOOKKEPER, atc	Frynches premoura 1-18.
work was done, as SILK MILL, 19 SAW MILL, BANK, etc.	(suggestions)
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oata deceesed last workad et this occupetion (month and yaar) 11. Total tima (years) spent in this occupation	
12. BIRTHPLACE (city or town) Washington D. C. (State or country)	Other Coutributory Causes of Importance:
State of country) 13. NAME John C. Gates Sr.	- Celle Synfaster Senterma liken
14. BIRTHPLACE (city or town) Washing ton D. C.	Name of operation Oete of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Pearl Daniels	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Pearl Daniels 16. BIRTHPLACE (city or town). Maryland (State or country)	Accident, suicide, or homicide?Oate of Injury, 19
(State of County)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT John C. Gates Sr. (Address) Anna polis, Md.	Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Annapolis, Md. Oate Jany. 22,19 3	Menner of Injury
19. UNDERTAKER John M. Taylor (Aldress) Annapolis. Md.	24. Was disease or injury In any way related to occupation of decaased?
	(Signed) M.O. M.O.
20. FILED COM 2 19.31 Resistrar.	(Address) Bublined

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	102
County a Q	Registration Dist. No. 2
Village or City Generafole on	No. Energy afortills Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a bootal or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
9	of the state of th
2. FULL NAME	
(a) Residence: No. (Usyal place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
I w marrief	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, That ettended deceased from
(or) WIFE of Herman, Surlar	un 9 ,1937 to Jan 15 1937
6. DATE OF BIRTH (month, day, and yeer) Office 18-1909	I last saw hele alive on Juneary 15-, 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1:4570m.
27 8 70 1 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, 26 SAWYER, BOOKKEPER, etc	Date of oneset
SAWYER, BOOKKEEPER, etc.	Johan Mlummia 1/9/3-
work was done, as SILK MILL, SAW MILL, BANK, etc.	
SAWYER, BOOKKEEPER, etc	
year) occupetion	Ohn Contlant Control of the Control
12. BIRTHPLACE (city or town) Polemene and	Other Coutributory Causes of importance:
(State or country)	
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State of Country) & W State of Country)	What test confirmed diagnosis? Church Was there en autopsy? hv_
16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place lackar Hill Date Care 18 19	Nature of injury
19 1 Hopeman	24. Was disease or injury in any wey related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify AA
20. FILED / 18 19 37 & Mars hale	(Signed) Myssul F. Klus and M. D.
20. FILED 19.2 19.2 Registrar.	(Address) 3/8mth gatz av.
Emore blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. z.

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N 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1. PLACE	OF DEAT		OF MAK	TLAND-	CERTIFICATE OF DEATH	100
			del Cour		Registration Dist. No. 2	/
Village	or CityC	rownsv	ille Sta	te Hospi	ta No. St, death occurred in a horpital or institution, give its NAME instead of street and nu	Wa
Length o	f residence In city	or town where	death occurred	9 yrs. 3 mos	sds. How long in U.S. If of foreign birth?yrsmos	mber)
2. FULL	NAME	Harri	son Hall	·	If U. S. Veteran, specify WAR	4
(a) Res	idence: No	Perry	man Mar	yland	St., Ward.	()
PERS	ONAL AND	STATIST	TICAL PARTI		If nonresident give city or town and S MEDICAL CERTIFICATE OF DEATH	tate
male		OR RACE	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH January 23rd (Month) (Dey)	193
5a. If merried, v HUSBAND (or) WIFE	vidowed, or divord of of	ced			22. I HEREBY CERTIFY, That I ettended do Oct.24th 1987, to January 23	eceased f
	RTH (month, day,		1888		last saw him alive on January 23 ,1937;	death is
7. AGE	Years 49	Months Unkn	Days OWN	If LESS than 1 day,hrs. ormin.	to have occurred on the dete steted above, at 1:30 Am M. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Date of one 3
10. Date do this year	y or business in k wes done, as SI will. BANK, et ecessed lest work occupetion (mont)	LK MILL, ced at th and	- spa	me (years) nt in this ——— upation	Other Contributory Causes of importance:	
1		Hall				
			aryland		Neme of operation Dete of Whet test confirmed diegnosis? Wes there an au	
15. MAIDE	NAME .	Margar	et V. Ch	ristie	23. If death wes due to external causes (VIOL ENCE) fill in also the following:	opsy!
15. MAIDER 16. BIRTHP (Sta	LACE (city or tow ite or country)	(n) <u>M</u>	aryland		Accident, suicide, or homicide? Dete of Injury Where did injury occur?	
17. INFORMANT (Addres			Records lle, Mar		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
	MATION, OR RE		ty Date Jan	27,19.27	Manner of injury	
19. UNDERTAKE	V	un ola	erled	Isons	24. Was diseesd or injury in eny way releted to occupation of deceesed?	

ARGIN RESERVED FOR BINDING

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Cerebral hemorrhage	FEB 4 1037	July 5,1927	Peritonitis	3 days ago	
A Division of	ANDESO V. S.		7		
Other contributory can	ses of importance:	r v str	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

Length of residence in, city or loops where seals occurred. 2. FULL NAME (a) Residence: No. (Linux) Area of shocks PERSONAL AND STATISTICAL PARTICULARS S.S. Ward. (Linux) Area of shocks PERSONAL AND STATISTICAL PARTICULARS S.S. Ward. (Linux) Area of shocks PERSONAL AND STATISTICAL PARTICULARS S.S. Ward. (Linux) Area of shocks PERSONAL AND STATISTICAL PARTICULARS S.S. Ward. (Linux) Area of shocks PERSONAL AND STATISTICAL PARTICULARS S.S. SEX 4. COLOR OR RACE S. SINCLE MARRIED, WIDOWED OR DYORCED (write the yard) All Harried, widowed, or divorced (ver) Wife of 10. DATE OF DEATH 11. DATE OF DEATH 12. DATE OF DEATH 13. DATE OF BIRTH (month, day, and year) 14. AGE Years Months Oays 14. LESS then 15. AGE Years Months Oays 16. Linds, profession, or particular kind of work done, as SPINNER, SANYTER, BOOKKEPFE, etc. S. SANYTER, BOOKKEPFE, etc. S. SANYER, BOOKKEPFE, etc. S. SANYTER, BOOKKEPFE, Etc. S. Trade, profession, or parti	STATE OF MARYLAND—	CERTIFICATE OF DEATH 110
Village of City Length of residence in City or town where Tenth occurred	1. PLACE OF DEATH	Jog!al X1
Langth of residence, ity or topys where death occurred in a hospital or institution, any ear INAME inseed of street and number? 2. FULL NAME (3. Residance: No. (1. U. S. Veleran, specify WAR. (3. Residance: No. (1. Martin	County	Registration Dist. No.
Length of residence is city or town where teath occurred. 2. FULL NAME (a) Residence: No. (Linablace of shock) (Example of the city of town and State PERSONAL AND STATISTICAL PARTICULARS 1. SEX 4. COLOR OR RACE 5. SINCIE, MARRID, WIDOWD, OR DIVORCED (waris the good of city) 6. DATE OF BIRTH (month, day, and year) 7. AGE 7. AGE 8. Trade, profession, or particular in the city of town and State Personal Country 8. In the city of town and State PERSONAL AND STATISTICAL PARTICULARS 9. DATE OF BIRTH (month, day, and year) 1. AGE 1. Trade, profession, or particular in the city of town in the city of town in the city of town in the city of city of city of town in the city of		
(3) Residence: No. (Liunalsace of abode) PERSONAL AND STATISTICAL PARTICULARS 1. SEX	Length of residence in city or town where death occurred	ds. How long In U.S. if of foreign birth?yrsds
AGE Years Months Oays If LESS then I last saw h. alive on. 19 (oay) (oay) 3. Trade, profession, or particular kind of work done as SPINKER, SAMERE, Rock. 3. Industry or business in which was done as SPINKER, SAMERE, Rock. 3. Industry or business in which was done as SPINKER, SAMERE, Rock. 4. Color or particular kind of work done as SPINKER, SAMERE, Rock. 5. Industry or business in which was done as SPINKER, SAMERE, Rock. 6. Should this occupation of the date stated above, at		St., Ward.
OR DIVORCED Curite the yord) 193 194 195 196 197 198 199 199 199 199 199 199	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
AGE Years Months Oays If LESS then 1 day,	OR DIVORCED (write the word)	Jon. 19 193 7
19 10 19 19 10 19 19 10 19 19 10 19 19 10 19 19 10 19 19 10 19 19 10 19 19 10 19 19 10 19 19 10 19 19 10 19 19 10 19 19 10 19 19 10 19 19 19 10 19 19 19 19 19 19 19 19 19 19 19 19 19	Sa. If married, widowed, or divorced	70M
1 Last saw h. alive on	(or) WIFE of	
16. BIRTHPLACE (city or town) (Slate or country) 13. NAME 14. BIRTHPLACE (city or town) (Slate or country) 15. BIRTHPLACE (city or town) (Slate or country) 16. BIRTHPLACE (city or town) (Slate or country) 17. INFORMANT 18. BIRTHPLACE (city or town) (Slate or country) 19. What lest confirmed diagnosis? 19. BIRTHPLACE (city or town) (Slate or country) 19. What lest confirmed diagnosis? 19. BIRTHPLACE (city or town) (Slate or country) 19. What lest confirmed diagnosis? 19. BIRTHPLACE (city or town) (Slate or country) 19. What lest confirmed diagnosis? 19. Was there an autopsy? 20. FILEO 21. BIRTHPLACE (city or town) (Specify city or town, county and State) 22. Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE (Addigas) 19. UNOERTAKER (Addigas)	5. DATE OF BIRTH (month, day, and year) Rels 7 1936	t last saw h alive on, 19, 19, 19, 19, 19, 19, 19, 19
8. Trade, profession, or particular kind of work done, as SPINNER SAWER, BOOKEFER, etc. 9. Industry or business In which work was done, as SPINNER SAWER, BOOKEFER, etc. 10. Date deceased last worked at this occupation work as done, as SPINNER, SAWER, BOOKEFER, etc. 11. Total time (years) spont in this occupation worked at this occupation work of this occupation work of this occupation work of this occupation. 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURTIAL, CREMATION, OR REMOVAL Plees 19. UNDERTAKER (Addisse) 19. UNDERTAKER (Addisses) 19. UNDERTAKER (Addisses) 19. UNDERTAKER (Addisses) 19. UNDERTAKER (Signed)	AGE Years Months Oays If LESS then	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOYAL Plece Date Date 19. UNOERTAKER (Addresse) 19. UNOERTAKER (Addresse) 19. UNOERTAKER (Addresse) 19. UNOERTAKER (Signed) (Signed)	8 Trade profession or particular	were as follows: Oate otonse
year) Other Contributory Causes of Importance: Other Contributory Caus	SAWYER, BOOKKEEPER, etc	Gronchial Memories
year) Other Coatributory Causes of Importance: Other Coatributory Caus	work was done, as SILK MILL, SAW MILL, BANK, etc	Had a zene land cold at lint : How dee
22. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. THFORMANT (Address) 18. BURIAL, CREMATION, OR REMOYAL Place 19. UNOERTAKER (Address) 19. Where did Injury (Signed) 19. Where of injury Neture of injur		reloped broncho freumania Centil.
Name of operation		Other Centributory Causes of Importance:
Name of operation		
What test confirmed diagnosis? Was there an au opsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Neture of injury 19. UNOERTAKER (Addiese) 16. Where did signosis? Was there an au opsy? Accident, suicide, or homicide? Oate of injury Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Neture of injury 19. UNOERTAKER (Addiese) 16. Signed) (Signed) (Signed) (Signed)	14-BIRTHPLACE (city or town)	Name of operation Oete of
Accident, suicide, or homicide? Oate of injury 19 7. thformant Address 8. Burial, Cremation, or removal Plece 9. Undertaker (Address) 10. Fileo 11. 19. 19. 19. 19. 19. 19. 19. 19. 19.	(State of country)	What test confirmed diagnosis? Was there an au'opsy?
Accident, suicide, or homicide? Oate of injury 19 (State or country) Where did Injury occurr? (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Plece Burlah, CREMATION, OR REMOYAL Plece Burlah, Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Neture of injury 124. Was disease injury in any way slead to occupation of deceasor. (Signed) (Signed)	15. MAIDEN NAME Helen Alfrance	23. If death was due to external causes (VIOLENCE) fill In also the following:
(Specify city or town, county and State) 7. thFormant (Address) 8. BURIAL, CREMATION, OR REMOVAL Place Place 9. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. FILEO 11. 19. 3. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of injury, 19
Manner of Injury Place 19. UNOERTAKER (Address) (Address) (Address) (Address) (Address) (Signed) (Signed)	7. INFORMANT O LINE HALL	(Specify city or town, county and State)
Place		
19. UNOERTAKER (Addiese) 14. Was disease Origin in any may close to decease of the control of decease of the control of decease of the control of the cont	6 4 0A (Con July 97	
20. FILEO		24. Was disease Injury in any way placed to accepting or deceasor
	20. FILEO 1- III, 1937 AMerikar.	(Signed) Kulling Coroner M. (Address and John State State)

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10.—The month and year the deceased last worked at the occupation.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

state OCCUPA-

PHYSICIANS should Exact statement of

stated EXACTLY. properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

-WRITE

ż

certificate.

See instructions on back

STATE OF MARYLAND-CERTIFICATE OF DEATH

34	
Registration Dist. No. 22	
No. Md . House of Correction St. Ward	
(If death occurred in a hospital or institution, give its NAME instead of street and number)	
osds. How long in U.S. If of foreign birth?yrsmosds	
If U. S. Veteran, specify WAR	
MSt., Ward.	
If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH	
January 16 ,193.7 (Month) (Oay) (Year)	
22. I HEREBY CERTIFY, That I attended deceased from	
January 15th 1937 to January 16th 37	
last saw him alive on January 16th 19 37; death is said	
to have occurred on the date stated above, at3 : 35_m. P. M.	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
Were as follows:	
Pulmonary embolism:	
Acute cardiac failure:	
Syphillis:	
Other Contributory Causes of Importance:	
Name of operation Date of	
What test confirmed diagnosis?	
23. If death was due to external causes (VIOLENCE) fill in also the following:	
Accident, suicide, or homicide?	
Where did injury occur? (Specify city or town, county and State)	
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
Manager of Latinus	
Manner of Injury	
24. Was disease or injury in any way related to occupation of deceased?	
(Signed) Column Guerre M. [
(Address) Jessups Maryland.	

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
of importance were as follows: Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage FEB LV 1131	July 5,1927	Peritonitis	3 days ago	
SURDAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			rate Sq. F.	

Registration Dist. No mergency (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ______ds. How long in U.S. if of foreign birth? ______yrs. _____mos. _____ds. Langth of residence in city or town where death occurred Gues If U. S. Veteran, specify WAR If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIXORCED (write tha word) (Month) (Day) 5a. If married, widowed, or divorced HUSBAND of That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, a I day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc..... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 1D. Data deceased last worked at 11. Total time (years)
spent in this this occupation (month and year) _____ occupation . Other Contributory Causes of Importance: (Stata or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) ___. Name of operation (State or country) MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of Injury_____ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?_____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Manner of injury ___ Date Nature of injury ... 24. Was disease or injury in any way related to occupation of deceased? 19. UNOERTAKER (Address If so, specify Registrar.

Il more blanks are needed, addred Stay Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		# 2		

STATE OF MARYLAND—CERTIFICATE OF DEATH

- 4	i	7	d	b
-	4	1		1
0,	3	8	1	1

1. PLACE OF DEATH				23 67		
County	Anne Arun	del			Registration Dist. No.	U2x
Village or City				No.Md. House of	Correction St	Ward
Length of r	esidence in city or town where	death occurred		f death occurred in a horpital or institutionds. How long in U.S. if of f		
	AME Georg					
	ence: No. 1112 Wa			If U. S. Veteran, sp	pecity WAR	
` '		(Usual place	of abode)		If nonresident give city or town	
	NAL AND STATIST	1			RTIFICATE OF DEAT	Н
male male	4. COLOR OR RACE		RIED, WIDOWED, D (wpic the word)	21. DATE OF DEATH January	31 (Month) (Dey)	7 , 193(Year)
5a. If married, wid HUSBAND of	lowed, or divorced		0			
(or) WIFE of				December 23	36 January	31 deceased from
6 DATE OF RIPT	H (month, day, end yeer) 🚜	uknom	1873	l lest saw h im eliva on Ja	nuary 30	37 death is seid
	Yeers Months	Oays	If LESS then	to heve occurred on the date steted ebova, at 5:30 m. A.M.		
	64		1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH were es follows:		1
Z 8. Trade, pro	ofession, or perticuler	PI				Date of onset
SAWY	f work done, as SPINNER, ER, BOOKKEEPER, etc.	Carrez.		Chronic pulmonary tuberculosis, bilateral. (ulcerative)		sis,
9. Industry o	or business in which was dona, as SILK MILL,					
U 10. Data dece	WILL, BANK, etcessad lest worked et	11. Total t	ime (years)			
this occupetion (month and spent in this occupetion						
12. BIRTHPLACE (city or town) Bridgeton, New Jersey			Other Contributory Causes of Import	ance:		
(State or c	ountry)			Chronic myoca	rditis.	
13. NAME	Thomas Jenki		c.)			
13. NAME	CE (city or town)	known		Name of operation	Oate	of
(Sigis)	or country)			Whet test confirmed diagnosis?	Was there	en eutopsy?
15. MAIDEN	NAME Henrietta	Jenkin		23. If death was due to externel causes (VIOL ENCE) fill in also the following:		owing:
15. MAIDEN NAME Henrietta Jenkins Watson (dec.) 16. BIRTHPLACE (city or town) Unknown			Accident, suicide, or homicida?	Oete of Injury	, 19	
(Stete of County)				Where did Injury occur?	(Specify city or town, county and	(State)
17. INFORMANT. Stace C Smith (Address) Leven Md				Specify whether injury occurred in i	NOUSTRY, in HOME, or in PUBLIC	C PLACE.
18. BURIAL, CBEMADION, OR REMOVAL				Menner of injury		
Place Cherry Heel Oate Feb 2 , 1937				Nature of Injury		
19. UNDERTAKER A Lollins (Address) Jessich McC				24. Was disaase or Injury in any wey		
				If so, specify	Jan	P . 1 . 3
20. FILED Jek	J- 2- 1987 10	laran	agaslup	(a)Rijea)	eve Hur	M. D.
		OB-	Registrar.	(Address)	essups, Maryl	anu

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
N. S. STANIN S. S.			
Other contributory causes of importance:	-17	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

S. No. 1

	. FULL NAME Elmer S (a) Residence: No. 906 For		ev. Balt	inst; e, Movard. If nonresident give city or town and St	
#Clothin	PERSONAL AND STATISTI			MEDICAL CERTIFICATE OF DEATH	
	SEX 4. COLOR OR RACE DIACK		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH January 27th (Month) (Day)	937. (Year)
5a.	If married, widowed, or divorced HUSBAND of (or)	son		22. I HEREBY CERTIFY. Thet i attended dec September 21 1936, to January 201	ceesed t
6. 1	DATE OF BIRTH (month, dey, and year)	1887		l last saw h.im ellve of an . 27th ,19 37	death is
-th-sales	AGE Yeers Months 49 Unkn	Days LOWN	If LESS than 1 dey,hrs. ormin.	THE RING CAUSE OF BEATH ON TENERS OF HISPORTAGE	Date of or
CUPATION	8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Tailor	********	Hypertension - myocarditis	
PAT	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc			Chronic any ocardities Devation Unknown.	
CCL	10, Dete deceesed lest worked et	11. Totel	time (yeers)	Quite R.	
12.	this occupation (month and yeer) BIRTHPLACE (city or town) (State or country)	000	ent in this —— upation	Other Contributory Canses of Importence: Lues	
2	13. NAME Isaac Joh	nson			
FATHER	14. BIRTHPLACE (city or town)	land		Neme of operation Dete of What test confirmed diagnosis? Wes there en au!	
TER	15. MAIDEN NAME Charity C	Jones	3	23. If deeth was due to externel causes (VIOLENCE) fill In also the following:	
[16. BIRTHPLACE (city or town) Maryland		Accident, suicide, or homicide? Dete of injury	, 19		
2) (State or country) 17. INFORMANT Hospital Records (Address) Crownsville, Maryland			land	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18.	BURIAL, CREMATION, OR REMOVAL Place Mt. Cubur	Dete_/	30/37,19	Manner of injury	
_	UNDERTAKER Mrs. Loge (Address) 169 (Dr. FILED 27 - 37, 19 5 7	76. Hold of	la f elfave O L Registrar.	24. Was disease or injury in any wey releted to occupation of deceased?	A.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy Run over by street car	1 week ago
1921		
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

My Registrar.

(Address)

If more blanks are meded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

statement

BINDIN

ARGIN RESERVED

carefully

very important.

TION

OF

CAUSE

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Date of onset

certificate.

FION is very important.

mation should

1. PLACE OF DEATH	-	93-2	-			
County Anne Arundel		Registration Dist. No. 21				
Village or City Annapolis		No. 72 Maryland Ave St., death occurred in a horpital or institution, give its NAME instead of street and				
Length of residence in city or town where dee	th occurred 65	(If	death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?m	number)		
2. FULL NAME Robert Her			Spanish-American Wa			
(a) Residence: No. 72 Maryl				,		
(a) Residence: No. 15	(Usual place of		St., Ward. If nonresident give city or town and State			
PERSONAL AND STATISTIC	AL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE 5	. SINGLE, MARRI OR DIVORCED Married	21. DATE OF DEATH (Month) (Day)	_, 193			
5a. If married, widowed, or divorced HUSBAND of				/		
(or) WIFE of Susan E. Jon	nes		22. I HEREBY CERTIFY, That I attended	deceáse		
		1871	Hast saw has alive on the 1988	, 19: : deeth		
6. DATE OF BIRTH (month, day, and year) OC to 7. AGE Years Months	Days	If LESS then	to have occurred on the dete stated above, et 6 7 m.	_, ueetn		
65 2	26	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:			
9. Industry or business in which work was done, es SILK MILL, EXI 10. Date decessed last worked at this occupation (month end year) 12. BIRTHPLACE (city or town) Annapol (Stete or country) Marylan 13. NAME John M. Jones 14. BIRTHPLACE (city or town) Annapo	is d	tal Sta. e (yeers) in this	Other Contributory Causes of importance: Other Contributory Causes of i	Andrew Property		
(Stete or country) Maryla	ind		Whet test confirmed diegnosis? Was there an a	autopsy≥		
15. MAIDEN NAME SUSANFRAZIE 16. BIRTHPLACE (city or town) Annapo (Stete or country) Maryla: 17. INFORMANT Mrs. Robert H (Address) Annapolis, Md	lis nd . Jones	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?	, 19			
18. BURIAL, CREMATION, OR REMOVAL Plece Annapolis, Md.		Menner of injury				
19. UNDERTAKER John M. Taylo (Addess) Annapolis, Md	r	14	24. Was disease or injury in any wey related to occupation of deceased?	No		
20, FILED AWA 1956	LYW N	mon.	(Signed) Way	/		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) _ / Cure

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	- Control		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

should state

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	82-70
County arme arundel	Registration Dist. No. 25
Village or City Brooklyn Ph	NDSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Your Koraxlema	in.
(a) Residence: No. 14/9 1. second	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male Whate OR DIVERCED (write the word)	Jay: 75, 1937
5a. If married, widowed, or divorced	(Mgnth) (Day) (Yéar)
(or) WIFE of Mary & lety about Toppler	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Hell. 22/1870	I last saw h_i M_ alive on 75, 1937; death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6:00 Pcm.
66 // 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
9 Trade prologion or particular	Data olonset
8. Trade, prolession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and specific properties).	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Cerebial Hemonhage
SAW MILL, BANK, etc	1/4/37
this occupation (month and year) occupation	1-1-1-
D De Deur	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	- Port
The state of the s	rynauceon 1/24/3,
14. BIRTHPLACE (city or town).	
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diegnosis? Was there an au'opsy? W
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIDLENCE) fill in also the following:
	Accident, sulcide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Player Toppleman (Address) 4/9 1 See med 1	Specily whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Ur a 4	Manner ol injury
Place 150 4 brender Date Jun 28 , 1927	Nature ol injury
19. UNDERTAKER (Address) How to A Charles II	24. Was disease or injury In any way related to occupation of deceased? 200
(nulless) 1500 - N Autury M	If so, specify
20. FILED January, 1937 Ida M. Whilem. Registrar.	(Signed) M. D. (Signed) M. (Si
If more blanks are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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11	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
May 1 1923	Other contributory causes of importance:	1 year
110,92,1000		1 gear
	1915 1921	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

BINDING

FOR

MARGIN RESERVED

PLACE OF DEATH County Conne arundes.

920

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2 3.

Village or City Glen Burner. (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MIDICAL CERTIFICATE OF DEATH
Jemale 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH (C. onth) (Day) (Year	that I last saw here alive on fan 7, 1927.
7 AGE fLESS than day hrs. ds. or min.?	and that death occured on the date stated above, at 7 m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) I rade, profession or barticular kind of work	Chionic milias Slenara.
(b) General nature of industry business, or establishment in which employed cr (employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country) Virginia -	Contributory Cistero Solerone 1 Secondary (Duration) y yrs
10 NAME OF Franklyn Ricey.	(Signed) James S. Bellengeles M. D. Jak 7 1987 (Address) Flu Burner. Ma
OF FATHER (State or country) Virginia	*State the Discase Causing Peath, or, in deaths from Violent Causs, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of Mother Elenora Motelad.	1B LENGTH OF RESIDENCE (For Lospitule, Institutions, Trans- ients or Recent Residents)
13 DIRTHPLACE OF MOTHER (State or country) Organia.	At place of death yis mos. ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Char. L. Lake.	Former or usual residence
(Address) The Burne. mg	Washington D. C. Date of Burial Date of Burial
15 Filedan - 1 1937 M. P. Balla	Lee + Co - Weelson. D.C.

If more b.anks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. Ao. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more record mine, etc. Wom-laborer. Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: additional line is provided for the latter statement: it nature of the business or indüstry, and therefore an sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g. Fermer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health or given up on account of the DISEASE CAUSING DEATH. definite salary), may be entered as Housewife, Houseen at home, Spinner, (b) Civil engineer. Stationary fireman, et . But in many Statement of Occupation Precise statement of oc whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of played, as At school, or At home. Care should be taken work, or At household only (not paid Housekeepers who receive a worked on may form part of the second statement. Wever return 'Laborer,'" (Foreman," "Manager," "Deal-Foreman, For many occupations a single word or term on yrs). For persons who have no occupation Compositor, Architect, Locumotive Cotton mill; (a) Solesman. (b) (accery; (b) Automobile factory. The material Home, and children, not gainfully emwho are engaged in the duties of the (a) the kind of work and also (b) the persons enengineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diseuse. Examples: Carebrospinal fever (the only definite synonym is "Typdemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"; Lobar meanmonia, Bronchopneumonia "Pneumonia,".

" Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. use of "Tumor" for malignant neoplasms); Meastes; inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine deficitely. and qualify as ACCIDENTAL, SUICIDAL, or HONICITAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases tions, such as "Asthenia," "Anacmia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, monapproved (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory" as fracture of skull, carbolic acid-probably suicide. The niture of the injury, Examples: Accidental drowning; Struck by railway train-American Medical Association.) (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as by Committee on Nomenclature cough; Chronic and consequences (e.g., segais, etc. valvular heart diseuse, The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. . . the data is essential and thus be obtained before the certificate is permanently filed.



If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V/S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. I

STATE OF MARYLAND—	CERTIFICATE OF DEATH	110
1. PLACE OF DEATH	(21)	
County a a	Registration Dist. No. A	
Village Dr City assessable 6	No. 6 mes gener Hospila	Ward
Length of residence in city or town where death occurredyrsmo	f death occurred in a hospital of institution, give is NAME instead of street and nur s	mber)
2. FULL NAME andrew m.	anifold	
(a) Residence: Np. Deals on	St., Ward.	
(Usual place of abode)	If nonresident give city or town and St	ate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED ("rorite the Word) OR DIVORCED ("rorite the Word)	21. DATE OF DEATH Jone 6	193 7 (Year)
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of Jennie Manufold.	22. HEREBY CERTIFY That i attended de	ceased from
6. DATE OF BIRTH (month, day, and year) 5 - 1861	i last saw h alive on Jan 6 1937	eath is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 10 10 m.	geath is said
7 6 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence	
8. Trade, profession, or particular	were as follows:	Date of onset
8. Trade, protession, or particular kind of work done, as SPINNER, water was SAWYER, BDDKKEEPER, etc.	Cen loval Capillace	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at the second state of the second s	/ pany	0
SAW MILL, BANK, etc.	+ training	au21
10. Date deceased last worked at 12.30 this occupation (month and 19.34 occupation year)		73
12. BIRTHPLACE (city or town) Balk and	Other Contributory Causes of importance:	1
(State or country)	Walnut	DUE
13. NAME . Unknown	- Coppension of the control of the c	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Date of	
(State or country) / Whiteown	What test confirmed diagnosis? Was there an auti	nnev?
15. MAIDEN NAME ' CANALLY	23. If death was due to external causes (VIDL ENCE) fill in also the following:	op37:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	19
E (State or country) / Unitarion	Where'did injury occur?	, 10
17. INFORMANT leve manifold	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	E.
18. BURIAL, CREMAPION, OR REMOVAL	M	
Place of some Date on 9 1936	Manner of Injury	
19. UNDERTAKER 13 I Hopfing	24. Was disease or injury in any way clated to occupation of deceased?	
(Address) grand of the	If so, specify	
20. FILED - D , 19-3-7 Mustage Registrar.	(Signed) July Was Juries	у М. D
	2411 N. Charles Street, Baltimore, Requesting U. S No. 1.	

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SUDEAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

certificate.

TION is very important. See instructions on back of

mation should be carefully supplied.

-WRITE P

V. S. No. 1 N. B.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County a -a	Registration Dist. No.
Village or City Leals on	No. St. Ward
Length of residance In city or town where deetb occurred 27 yrs. 9 mos	f death occurred in a hospital or institution, give its NAME instead of street and number) 3
11-1 0 - 0-	
6 0	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIEO, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Bay) (Year)
5a. If married, widowed, or divorcad HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended daceased from
6. DATE OF BIRTH (month, day, and yaer) Cofred 6-1912	Wast saw h. aliva on James J. J. 1937; daath is said
7. AGE Yeers Months Days If LESS than	to heve occurred on the detesteted above, et
24 9 /9 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were es follows:
8. Trede, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Brossefin Miles Mayera
9. Industry or business in which	
work was dona, as SILK MILL, SAW MILL, BANK, atc	
- Should in this	
60 0. 0.	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
1 11 11	
E A	
(State or country)	Name of oparation
15. MAIOEN NAME James & Hall	Whet test confirmed diagnosis? Was there an au'opsy? Was there and au'opsy?
H A DISTURBLE OF A DI	23. If death was due to external ceuses (VIOLENCE) fill in else the following:
16. BIRTHPLACE (city or town)	Accidant, suicida, or homicida? Date of injury, 19 Where did injury occur?
Lucias of manelle	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Seeds Williams (Addrass) Beels	openy whether injury occurred in INDUSTAT, in HOME, of INFUDERC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury
Place 1 Oate lane 21 , 19	Natura of injury
19. UNDERTAKER B of Head	24. Was disease or injury in any way raleted to occupation of deceased?
(Address) and open of the	If so, spacify
20. FILED 171 1937 17 P. Clayton	(Signad) A B L L L M. D.
Dep Land Registrar.	(Address) La

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

stated EXACTLY.

AGE should be

certificate.

See instructions on back

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

-WRITE PLAINLY,

PHYSICIANS should state

OCCUPA-

Exact statement of

1. PLACE OF DEATH			
County anne arm	sdel	Registration Dist. No.	
Village or City Sacobvelle		No. Jadadena P.O St.	War
Length of residence in city or town where	e death occurred 50 vrs	If death occurred in a horpital or institution, give its NAME instead of street and numbersds. How long in U.S. if of foreign birth?	er)
1	2 2 -	Jis	
2. FULL NAME Christia	1 60	A. T	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DEVORGED (write the word)	21. DATE OF DEATH	4
Temale White	Widow	(Month) (Day) , 193	(Year)
5a. If married, widowed, or divorced tusante of (or) Wife of William & Martin		22. I HEREBY CERTIFY, That I attended decea	ased fro
","	-1	, 19, to,	19
	Dec 11 1856	I last saw h alive on; dea	ath Is sa
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at	
80	0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trede, profession, or perticular kind of work done, as SPINNER, Housework at SAWYER, BDDKKEPER, etc.		Faging Brunt to death (fler	
9. Industry or business in which		sine 13um uam jun 3 /1937	
work was done, as SILK MILL, SAW MILL, BANK, etc.	home		
- I this occupation (month and	11. Total time (years) spent in this		
year)	occupation	Dther Coutributory Causes of importance:	
12. BIRTHPLACE (city or town)	namp		
(State or country)	•		
13. NAME Lot Rove			
4 14. BIRTHPLACE (city or town)	٠	Name of operation Date of	Au.
H 15. MAIDEN NAME		What test confirmed diagnosis? fanthucttwas there an autops	sy?
E IS BIOTING	(23. If death was due to external causes (VIOLENCE) fill in also the following:	10
16. BIRTHPLACE (city or town)(State or country)	~	Accident, suicide, or homicide?	
17. INFORMANTINS amorge In Fuchs		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) 1300 Songe	ant st		
18. BURIAL, CREMATION, DR REMOVAL	9. 5 34	Manner of injury	
Plate Margorly Cherch Con	un Date fan 3 , 1929	Nature of injury	
19. UNDERTAKER John + her	my	24. Was disease or injury in eny way related to occupation of deceased?	
(Address) 715 Light St		If so, specify	
20. FILED / -3 1932 6	Z. a. Od West	(Signed) Galley Japan Jun g R	das M.
	Registrar.	(Address) Out Corner Pasading	INA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis S.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT

BINDING

FOR

MARGIN RESERVED

02

STATE OF MARYLAND CERTIFICATE OF DEATH

Exact	1 PLACE OF DEATH County anne arendel.	(920)	STATE OF MARYLAND CERTIFICATE OF DEATH
₹, ₽	900		Registration Dist. No. 2 3
ated EXACTL operly classif certificate.	Village or City Elen Burner (No	rewohau.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
ated oper certi	PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE OF DEATH
d be st y be pr ack of	Jenal. 4 COLOR OR RACE 5 FINGLE, MARRIED, WIDOWED. OR DIVORCED (Write word)	16 DATE OF DEATH	(Month)——(Day)——(Year)—
CE shoul hat it ma lons on b	6 DATE OF BIRTH 25 , 1858 (C. onth) (Day) (Year	Y .	CERTIFY, That I attended the deceased from 192 7, to 192 7, alive on 198 7,
piled ACE ms so that instruction	78 yrs. 1 mos. 25 ds or min.?	The CAUSE OF DEAT	red on the date stated above, at
Item of information should be carefully supples should state CAUSE OF DEATH in plain termment of OCCUPATION is very important. See in	8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed cr (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	(Signed)	In the Stateyrsmosds.
REvery CIAN States	(Address) Sun Burne. Md. 15 Filed and 1937 W. P. Scalled Registrar. If more blanks are needed, address state Registrar.	Than St. 20 UNDERTAKER Than Sin	gleten De S. No. 1.

CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

er," etc., William Laborer, Laborerstate occupation at beginning of illness. If retired from should be used only when needed. As examples: a additional line is provided for the latter statement : if sary to know (a) the kind of work and also (b) the whatever, write None. tired 6 business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, worked on may form part of the second statement. Aever return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e. g. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, Or For many occupations a single word or term on yrs). At Home, and children, not gainfully emwithout more precise specification as Day Compositor. who are engaged in the duties of the For persons who have no occupation Cotton mill; (a) Salesman. (b) Greecey; (b) Automobile factory. The material Stationary ferenan, ct . But in many Architect. -Coul mine, etc. Wom-Locomotive engineer,

spinal meningitis"); Diphtheria avoid use of 'Croup Typhoid feser (never report "Typhoid Pneumania" ed term for the same dise se. Bamples: Cerebrospina to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respec Statement of Cause of Death-Name, first, the DIS (the only definite synonym is "I pidemic cerebro rinomusang. Bronchopneumonia ("Pneumonia,"

> atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," use of "Tumor" for malignant neonlasms): Menslas tions, such as "Asthenia," "Anaemia" (merely symptominges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of approved tetanus) may be stated under the head of "contributory as fracture of skull, and consequences (e.g., serwis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOWICH A., taken. For VIOLENT DEATHS state MEANS OF INJUTY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death Never report mere symptoms or terminal condiresulting from childbirth or miscarriage by Committee on Nomenclature of the cough; Chronic Example: Measles (disease etc. valvular heart disease; The contributory

In t permar data is is certificate is looked over thoroughly and all qu. tions ed in detail, it will prevent further correspondence. . . 'he sessential and must be obtained before the certificate is

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	118
County &. A.	Registration Dist. No. A
Village or City Vessub	NoSt.,War
Length of residence of city or town where death occurred 2 1 yrs	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrs
2. FULL NAME Dous Mortines	
A	V St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Affice the word)	21. DATE OF DEATH Am - 22 Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased fro
Det. 1919	I last saw her alive on fam 2/2 1937; death is sa
5. DATE OF BIRTH (month, day, and year) 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	to have occurred on the date stated above, at
17 3 ? 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Date of one
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Influenza. 1/20)
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
SAW MILL, BANK, etc	
this occupation (month and spent in this occupation occupation	Growthe source of the exception this 3 University.
2, BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	Catice lighting; fifteen years 1922
13. NAME Harold W. Morlines.	ogo which left child "Rechle-minded"
14. BIRTHPLACE (city or town) (?)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME / CULLS JO EST	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME / CULTUM DE SAT	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OF TREMOVAL 10 14 14 1/43/31.	Manner of injury
Place leve Robbielle, Date. 19	Nature of injury
19. UNDERTAKEN J. Tickyert Rome (Address) Months the Byllo Mo	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Jan 22, 1937 lolard Nu Maslich	(Signed) Sarkas W. M.
	, 24.12 N. Charles Street, Balsimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

TION is very important. See instructions on back of certificate.

FOR BINDING

ARGIN RESERVED

-WRITE

of OCCUPA-

Every item of infor-

1. PLACE OF DEATH	107.2
County Clara aundel	Registration Dist. No.
Village or City Chumpsei	No Comun gener Hospit St. 2 Ward
Length of residence in city of town where death occurred. 80 yrs. 8 mos	death occurred in a horpital or institution, give its NAME instead of street and number) 3.0_ds. How long in U.S. if of foreign birth?yrsmosds.
(91/11it	Munhae
2. FULL NAME James Meddellon	
(a) Residence: No. / Lucia ga Cura (Sual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE NAME S. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word)	21. DATE OF DEATH
Male While Maried	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Mary 4. Munroe	1 HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) While 39 1856	I last saw h. Lee elive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 40 m.
80 8 30 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8 Trade profession or perticular	Dato of onset
kind of work done, es SPINNER, ANYER, BOOKKEEPER, etc	1 Draucho-
9. Industry or business in which work was done, as SILK MILL,	P
SAW MILL, BANK, etc	Vurumania Jan
this occupation (month and spent in this occupation occupation	
12. BIRTHPLACE (city or town) Crusapolis ryd,	Other Coutributory Causes of importence:
(State or country)	Went Delatation Use
13. NAME James Muntos	shoot:
13. NAME James Munton 14. BIRTHPLACE (city or town) Chamapalia	Negle of operation
(State of country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Watelda J. Walter 16. BIRTHPLACE (city or town) Littlesburg mid.	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
[16. BIRTHPLACE (city or town) Littlesburg	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Walles C, Murros	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Comapoli Mich	Manage of Indian
Place Christapoli Date Jarry 5, 19 36	Nature of injury
Cal nu Vailas	24. Was disease or injury in any wey related to occupation of deceased?
(Address)	If so, specify
LANGE 37 VIVAN AND AND AND AND AND AND AND AND AND A	(Signed) / blever / hrees M. D.
20. FILED WITH A 19 d Beginnar	(Adress) Church The my

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	11 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of paset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis F=5 4	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	back of certificate.
N. B.—WRITE PLAINLY, WITH UNFAI	mation should be carefully supplied.	CAUSE OF DEATH in plain terms,	TION is very important. See instructions on back of certificate.

STATE OF MARYL	AND-CERTIFIC	CATE OF	DEATH
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125

1. PLACE OF DEATH		(220)	7,3
County ame arend	4	Registration Dist. No	
Village or City death ice		NoSt death occurred in a hospital or institution, give its NAME instead of streetds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME Yarry Yager (a) Residence: No. / was House	Parlett-	St., Ward. If nonresident give city or tow	ed.
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEAT	
OR WILL OR	GLE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dev)	, 193_7
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Dora Pasle	ct.	22. I HEREBY CERTIFY, Thet I ette	ended deceesed from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	23-1884 Days If LESS than 1 dey,hrs.	to heve occurred on the date stated above, at 8-15 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importence	3.7; death is sai
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	ormin.	Were as follows: Arterio - Selvoses Hypertension Oedenno Brain	Date of onsel 1930 1934 1-15-31
10. Date deceased last worked at this occupation (month end 8 - 1 - 1935) 12. BIRTHPLACE (city or town) - Baltussus (State or country)	11. Total time (years) spent in this occupation 23	Other Contributory Causes of importence:	
13. NAME Jackson C Part 14. BIRTHPLACE (city or town) (State or country)	plet.	Neme of operation	
15. MAIDEN NAME Maria Lager 16. BIRTHPLACE (city or town) Rielessand (State or country) 17. INFORMANT Mas. Dosa Carlot.		What test confirmed diagnosis? Cleaned Was ther 23. If death was due to external causes (VIOL ENCE) fill in also the foll Accident, suicide, or homicide? Date of injury. Where did Injury occur? (Specify city or town, county an Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLICATION OF THE PUBLICATI	lowing:
(Address) 18. BURIAL, CREMATION, OR REMOVAL Place Lower frame for the state of th	Jan 23,1937	Manner of Injury	
19. UNDERTAKER STEMMY LINE (Address) 1203 m 3 kg	Judway	24. Was disease or injury in any way related to occupation of decease If so, specify	d? 70
20. FILED 2. 2 / My 19. 37 Calbula	Nooffy Registrar.	(Signed) Chas. L. Ball, M. 2 (Address) Leathernean Mo 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	M. [

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
FEB 5 1931 II			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

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Cerebral hemorrhage	July 5, 227	Peritonitis	3 days ago
	Man	3/	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1 928	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING	
-WRITE PLANCY, WITH UNFADING INK-THIS IS A PERMANENT RECOID. Every item of infor-	AD. Every item of infor-
mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	IYSICIANS should state
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	statement of OCCUPA-
TION is very important. See instructions on back of certificate.	

N. B.-WRITE

STATE O	F MARY	LAND-	CERTIFICATE OF DEATH	127
1. PLACE OF DEATH			<u> </u>	100
County Anne Arundel			Posietration Diet No. 21	
Village or City Crownsvil	le Stat	e Hospit	al No. St., death occurred in a hospital or institution, give its NAME instead of street and n	Ward
		()	death occurred in a hospital or institution, give its NAME instead of street and n	umber)
Length of residence in City of town where the	eath occurred	yi3,	ds. How long In U.S. if of foreign birth?yrsmo	sds.
ALLOCE MANTE	t Paynt		If U. S. Veteran, specify WAR	
(a) Residence: No. Baltim	Ore, Ma	ryland	St., Ward.	State
PERSONAL AND STATISTI			MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE black	5. SINGLE, MARK OR DIVORCED Wldc	(write the word)	21. DATE OF DEATH January 19th (Month) (Day)	, 193
5e. If merried, widowed, or divorced HUSBAND of (or) MIFFOR UNKNOWN			22. I HEREBY CERTIFY. That I attended of Dec. 23. 1935 19 10 January 19	deceesed from
6. DATE OF BIRTH (month, dey, end year) 18	94		I lest sew h. im ellve on January 19 1937	
7. AGE Yeers Months	Deys	If LESS then	to heve occurred on the date stated above, at	
43 Unkn	own	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows:	Date of onset
8. Trede, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		General paralysis of the in-	?	
10. Dete deceesed lest worked at this occupetion (month and yeer)		me (years) t in this petion		
12. BIRTHPLACE (city or town) Maryland (State or country)			Other Contributory Causes of importance: Lues	?
置 13. NAME Unknown				
13. NAME Unknown 14. BIRTHPLACE (city or town) Unknown (Stete or country)			Neme of operation	
# 15. MAIDEN NAME Unknow	n		23. If deeth was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town) Unknown (Stete or country)		Accident, suicide, or homicide? Dete of Injury Where dld Injury occur?		
17. INFORMANT Hospital Records (Address) Crownsville, Maryland			(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	i) ICE.
18. BURIAL, CREMATION, OR REMOVAL Place Dete 21 , 18-2			Menner of Injury	
19. UNDERTAKER D. P. Wenlerose Oups (Addiess)			24. Wes disease or injury in any wey releted to occupation of deceased?	Q

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Registrar.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
FEB 4 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
	-

V. S. No. 1 N. B.—

STATE O	F MARYLAND-	CERTIFICATE OF DEATH 128
Anne Arundel		Registration Dist, No.
Village or City Crownsv Length of residence in city or town where d	ille State Hospi (II eath occurredyrsmos	1 take. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s. 6 ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Murray (a) Residence: No. 213 Ct		If U. S. Veteran, specify WAR_WORLD WAR Bisttimorward. Maryland If nonresident give city or town and State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE black	5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH January 27th (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	_	22. I HEREBY CERTIFY. That I attended deceased fro Jan. 21st 19 37 10 Jan. 27 10 37
6. DATE OF BIRTH (month, day, and year)	891	Harten im alive on Jan. 27th 19 37. death is sa
7. AGE Years Months	Days If LESS than I day,hrs.	to have occurred on the date stated above, at 2: 10Pm.
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked at this occupation (month and year) 12. BIRTHPLACE (city or town)	11. Total time (years) spant in this — — occupation	Other Contributery Causes of importance:
# 13. NAME Aleck Pea	ker	
13. NAME Aleck Pea 14. BIRTHPLACE (city or town) Vir (State or country)		Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIOEN NAME Winnie Gale 16. BIRTHPLACE (city or town) Virginia (State or country) 17. INFORMANT Hospital Records (Address) Crowns ville, Maryland		23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
		(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Hatimal - Bulton	red Date //30 ,1907	Manner of Injury
19. UNOERTAKER Same Miles 19. UNOERTAKER Same	hase I Sow Though Balto.	24. Was disease or injury in my way related to occupation of deceesed? If so, specify (Signed) Address) Crownsville, Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		13.6	

ADDITIONAL SPACE FOR FURTHER	STATEMENTS BY PHYSICIAN	
	A	

mation

S. No.

LION

19. UNDERTAKER

(Address)

OCCUPA-

Jo

plnods

1. PLACE OF DEATH

County Anne Arundel

Village or City Annapolis,

STATE OF MARYLAND-CER

Md. pate Jan. 5. 1937

ERTIFICATE OF DEATH	129
754-d Registration Dist. No. 21	
No. 123 Market St., ath occurred in a horpital or institution, give its NAME instead of street and n	Ward
ds. How long in U.S. if of foreign birth? yrs. mo	sds.
St., Ward. If nonresident give city or town and	State
MEDICAL CERTIFICATE OF DEATH	
Month) (Day)	, 193 (Year)
2. I HEREBY CERTIFY, That I attended of	deceased from
1 last saw hele alive on Jan 2/ 1937	; death is said
to have occurred on the date stated above, at B. 4T. Q.m.	
The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
at lase of Coning frobally inear respiratory centers conters conters	Tubung
Other Coutributory Causes of importance:	De 24- 1436
Name of operation. Must Date of — Date of — What test confirmed diagnosis? Cleudel — Was there an a	
23. If death was due to external causes (VLOL ENCE) fill in also the following	
Accident, suicide, or homicide? Date of injury	
Where did injury occur?	
Specify city or town, county and State Specify whether injury occurred in INDUSTRY in HOME, or In PUBLIC PLA	CE.
Manner of injury	
Nature of Injury	7
24. Was disease or injury in any way related to occupation of deceased?	no
(Signed) (Whent to Uselsom)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

21. D.

23. If de:

24. Was

(Address) _.

22.

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Cerebral hemorrhage JAN 5 1937	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		·	

H UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	supplied. AGE should be stated EXACTLY. PHYSICIANS should state	in terms, so that it may be properly classified. Exact statement of OCCUPA-	
Jo m	plnoy	200	1
ry ite	LS SY	nt of	
Evel	ICIAL	teme	
OOKD	SAH	ct sta	
r RE	Υ.]	Exa	
NEN	CTL	ified.	
RMA	XA	class	
A PE	ed E	erly	ficate
SIS	stat	pro	certi
HIS	pe	be	jo :
K—T	plnou	t may	See instructions on back of certificate.
Z	田田	at i	s or
OING	AG	so th	ction
VFAI	plied.	rms,	nstru
H UN	dns	n te	see i
- 1			U.4

ARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

131

1	. PLACE OF DEAT					
	County Anne	Arundel			Registration Dist. No.	
	Village or City CT	OWNS vill	e Stat	e Hospita	A	Ward number)
1	. FULL NAME	James	Presto	n	If U. S. Veteran, specify WAR	
	(a) Residence: No.	Berlin	CUsual place	cester Co	oursty, Maward land If nonresident give city or town and	State
-	PERSONAL AN	D STATISTIC			MEDICAL CERTIFICATE OF DEATH	
3.	male 4. colo		S. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (sprite the word)	21. DATE OF DEATH January 16th (Month) (Day)	, 193 7 (Year)
5a.	If marriad, widowed, or divo HUSBAND of (or) WIFE of	rced — — — —			22. April HEREBY CERTIEY, That lettended April 15 1936 to January 10	deceased from 5, 19, 37
6.	DATE OF BIRTH (month, day	, and yaar)	.860		I last saw h_im_aliva on_ January 16	_; daath Is said
7.	AGE Years	Months Unknow	Days M	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated abova, at L. Pam. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	10.4.
OCCUPATION	8. Trade, profession, or pa kind of work dona, SAWYER, BOOKKEE		Farmer		Cerebral arteriosclerosis	Date of onset
UPA	9. Industry or businass in work was done, as S SAW MILL, BANK, o	SILK MILL,				
000	10. Data deceased last wor this occupetion (mo year)	kad at	11. Total t	ima (years) nt In this ———— upation		-
12.	BIRTHPLACE (city or town) (State or country)				Other Centributery Causes of importance: Senility	?
ER	13. NAME	Elliott		on		
FATHER	14. BIRTHPLACE (city or to (State or country)	wn) Virgi	nia		Neme of operation Date of What tast confirmed diagnosis? Wes there an	
ER	15. MAIDEN NAME	Carrie (Unknow	m)	23. If death was due to external causes (VIOL ENCE) fill in elso the followin	
MOTHER	16. BIRTHPLACE (city or to (State or country)	wn)Te	enna		Accident, suicide, or homicide? Date of Injury Where did Injury occur?	
17.	INFORMANI	pital Re		ryland	(Specify city or town, county and Sta Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	te) .ACE.
18	BURIAL, CREMATION, OR F	1 4	Date 1/2	/ ,1 ³ /	Manner of injury	
19	. UNDERTAKER . (Address)	P. Wa	rleid	· Oupt	24. Wes disease or injury in any way ralated to occupation of deceased?	9
20	FILED Jan 21.	19.3.7	27.4	T Registrar	(Signet) Crownsville, Marylan	nd M.D.

N. B.—WRITE PLAINLY, WITY mation should be carefully CAUSE OF DEATH in pla

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
FES 4 1027	· P		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis .	1 year
			l

V. S. No. 1

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	S	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH 97	ļ
1	PLACE OF DEA	>		-	97)	
	County Anne	e Arunde	1		Registration Dist. No.	
	Village or City CIT	ownsvill	e State	Hospita	No. St., death occurred in a horpital or institution, give its NAME instead of street and number)	Ward
	Length of residence in ci	tv or town where de	ath occurred	vrs 4 mos	death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmos	de
,	. FULL NAME			7		
-					t. st. Baltwingre, Md	
	(a) Kesidence; No	<u> </u>	(Usual place		If nonresident give city or town and State	
- Section 1	PERSONAL AN	D STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
		R OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH January 31st (Month) (Day) (Ye	7 eer)
5a.	If married, widowed, or divo	rced .				
	(or) WIFE of Unl	known			22. I HEREBY CERTIFY. That I attended decease April 27th 1936 to January 31 19	d from
	APP OF BIRMY (1860		I lest saw h. im alive on Jan. 31st 19 37 death	In anid
_	DATE OF BIRTH (month, day AGE Years	Months	Days	if LESS than	to have occurred on the date stated above, at 2:45 Pm.	12 2410
	76	Unkn	own	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
OCCUPATION	8. Trade, profession, or particular				were as follows: General arteriosclerosis Date of	lonset
	kind of work done, as SPINNER, HOUSEWORK SAWYER, BOOKKEEPER, etc.			ÇK		
	9. Industry or business in which work was dona, as SILK MILL, ————					
ខ្ល	SAW MILL, BANK, of 10. Data daceased last work		11 Total ti	ime (years)		
Ö	this occupation (mo	nth and	spei	nt in this		
12.	BIRTHPLACE (city or town) (State or country)	Virg	inia		Other Contributory Causes of Importence: Senility	
2	13. NAME John	Nixon				
FATHER	14. BIRTHPLACE (city or to (State or country)	77.4	rginia		Neme of operation	******
2	15. MAIDEN NAME	Mary Sm	ith		What test confirmed diagnosis?	
MOTHER	16. BIRTHPLACE (city or to			1	23. If death wes due to external causes (VIOL ENCE) fill in also the following: Accidant, suicide, or homicide?	
S	(State or country)	wn)	-41-Dimin	^	Where did injury occur?	/
17.		pital Re ownsvill		/land	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18.	BURIAL, CREMATION OR	REMOVAL		0 00	Manner of injury	
	Piacell of July	wm cem	Dete L	3 193/	Neture of injury	
19	UNDERTAKER Thos	mas &	! / Kel	Lon 1	24. Was disease or injury in any way related to occupation of deceased?	
	(Address) 13 0	3 Press	trous	A / Jal	Tr so, specify	
20.	FILEO TILA.	1937 5	7 Joya		Signed) / 100	_M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	0.00	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1_year

ould state

1	Village or City CI	Arunde ownsvil	le Stai	O.	al deat		
1	Length of rasidance in cit	ty or town whara d	eath occurred	yrsmos	.1		
2	. FULL NAME			hmand Do	3 +		
	(a) Residence: No	TOT	(Usual place	of abode)	ΤŲ		
	PERSONAL AN	D STATISTI	CAL PART	ICULARS			
3. 3	Tompio	ack	OR DIVORCE	RRIED, WIDOWED, ED (write the word) arated	21		
5a.	II married, widowed, or divor HUSBAND of (or) WIFE of	rced Jnknown			22.		
6. 1	DATE OF BIRTH (month, day	end veer)	902				
	AGE Years 35	Months Unkn	Days OWN	If LESS than I dey,hrs. ormin.	to TI		
OCCUPATION	kind of work done, as SPINNER, HOUSEWORK SAWYER, BOOKKEEPER, etc. HOUSEWORK 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last workad at this occupation (month and spant in this occupation.						
12.	BIRTHPLACE (city or town). (State or country)						
ER	13. NAME RO	obert Mo	Coy, d	ead			
FATHER	14. BIRTHPLACE (city or to (State or country)	wn) Mal	yland		N W		
1ER	15. MAIDEN NAME	Catheri	ine (Un	known)	23.		
MOTHER	16. BIRTHPLACE (city or to (State or country)	wn)	(arylan	d	A		
	INFORMANT	oital Re Crownsv	77 - 3/	aryland	S		
18.	BURIAL, CREMATION, OR R			14/	- N		
19.	UNDERTAKER SAME). SW m	ler ode	Outs	24.		

Registration Dist. No. 2 ds. How long in U.S. If of foraign birth?_____yrs.____mos.____ds. If U. S. Veteran, specify WAR______ smore, ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH DATE OF DEATH January 5th (Month) HEREBY CERTIFY, Thet I attended daceased from 23rd 1932, to January 5th 1937 er alive on Jan. 5th 1937; death is said Nov. 23rd lest saw her alive on Jan. have occurred on the data stated above, at 7:30 Pm.M a PRINCIPAL CAUSE OF DEATH and ralated causes of importance ere as Iollows:
Obar Pneumonia thar Contributory Causes of Importance: Grippe hat test confirmed diagnosis? Was there an eutopsy? II death was due to external causes (VIOL ENCE) fill in also the Jollowing: ccident, suicide, or homicide?_____ /here did injury occur?________(Specify city or town, county and Stale)
pecify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, so, spacify Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1 FFD A 1027	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Section 1 Control State of Control State			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	0.20
1. PLACE OF DEATH	(920)	316
county Anne Arunde	Registration Dist, No.	3
Village or City Gay/and.	No	Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsm	osds.
2. FULL NAME / CZibeth Jane Kum/c/	If U. S. Veteran, specify WAR	
(a) Residence: No. Ctayland, A.A.Co. ANd	St., Ward.	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
OR DIVORCED (write the word)	Jan. 30	193
5a. If married, widowed, or divorced	(Month) (Oay)	(Year)
HUSBANO of POLICE TO 1	22. I HEREBY CERTIFY, That I ettended	deceased from
(or) wire of filliard / hi/more rumney	//22/37,19,10,1/30/3	7, 19
6. DATE OF BIRTH (month, day, end year) where 1863.	I last saw h_ et alive on (30	_; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 425,20.	
73 7 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related cause of importance were as follows:	Oate of onset
Z 8. Trede, profession, or particular kind of work done as SPINNER	After a second and	- Cate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Chronic Endscarde tes.	- A
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL Batto. Oity School. SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (priority and priority). Say this properties of the content of the	myo cardetes.	Mul proses
10. Oate deceased last worked at 11. Total time (years 2) from		
this occupation (about and year) and the spent in this 32 year	/	
12. BIRTHPLACE (city or town) (Baltimore, Md	Other Contributory Causes of importance:	
(State or country)	Carebral hemonthage	7 da.
13. NAME I homas Wilkens	Committee	May .
13. NAME / homas Wilkens 14. BIRTHPLACE (city or town) Norto/K	Name of operation Date of	
(State or country) Va	What test confirmed diagnosis?	autoney? Ho
15. MAIDEN NAME Savah. Woods	23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIOEN NAME Savah. Woods 16. BIRTHPLACE (city or town) Anne Ayundel.	Accident, suicide, or homicide? Date of Injury	
(State or country)	Where did injury occur?	
17. INFORMANT MYS Frederick W. Binsney	(Specify city or town, county and Stat Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	le) ACF
(Address) hinthieum Heights M	14	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place/ T. Olive T. Oate #192/	Nature of injury	
19. UNDERTAKER Shom as W. Lingleton	/24. Was disease or injury in any way related to occupetion of deceased?	To
(Address) Glew Bernie, Mi	If so, specify	
20, FILEO 2/2 1637 m. B. Dealla	(Signed) Shy fllgrande	M. O.
Registrar.	(Address) John Bumie	md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

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STATE OF MARYLAND-CERTIFICATE OF DEATH

977

1. PLACE OF DEATH County Anne Arunde	el		Registration Dist. No.
			La] ND. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town wha	re death occurred 2	yrs l Qmos	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?yrsmosds
2. FULL NAME Char]	es Sande	rs	If U. S. Veteran, specify WAR
(a) Residence: No. Pasac	lena, Mar		St., Ward. If nonresident give city or town and State
PERSONAL AND STATIS			MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE black	OR DEVORCE	RIED, WIDOWED, D (write the word) TRIED	21. DATE OF DEATH January 30 th (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (er)-WHTE ef Emma Sa	inders		22. HEREBY CERTIFY, That attended deceased from March 12 19 34 to January 30 19 37
6. DATE OF BIRTH (month, day, and year)	1872		last saw h im allva on January 30 , 19 37; daath is sal
7. AGE Years Months	Days	If LESS then I day,hrs. ormin.	to have occurred on the date stated above, at 4.5 P.m. The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows:
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc 9. Industry or business In which work wes done, es SILK MILL, SAW MILL, BANK, etc	11. Totel t	ima (years) nt In this ——— upation	Othar Cantributery Causes of Importance:
12. BIRTHPLACE (city or town)	ryland		Other Contributory Couver of Importance: Senile arteriosclerosis
置 13. NAME John Sa	inders, d	ead	
(State or country)	yland		Name of operation Dete of What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Jane	Barkley	, dead	23.1f death wes due to external causes (VIOL ENCE) fill In elso the following:
15. MAIDEN NAME Jane 16. BIRTHPLACE (city or town) (State or country)	aryland		Accidant, suicide, or homicide?
17. INFORMANT Hospital (Address) Crownsy	Records	ryland	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Magoffy, A a C.	2	- 3 ,19.27	Menner of Injury
19. UNDERTAKER Alliam (Addrass) 9/6 Pynn		<u></u>	24. Wes disease or Injury In any way related to occupation of daceasad?
20. FILED. 746-/, 190. 7	E7. 80	7 G Registrar	(Signed) Crownsville, Maryland

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic scrvice for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	4	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	E FOR FURTHER STATEMENTS BY PH	YSICIAN
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-		1	1001	1
1/	1			
3.7	60 .	50		- 1

	STATE OF MARYLAND—	CERTIFICATE OF DEATH	132
	1. PLACE OF DEATH	34) ·	
1	County Une aringles	Registration Dist. No. 2	3
1	Village or City marley (Q.7 dl forolds	degh occurred in a hospital or institution, give its NAME instead of street and num	Ward
	Length of residence in city or toyn where death occurredyrs,mos.	ds. How long in U.S. If of foreign birth?yrs,mos.	ds.
	2. FULL NAME William Savage	If U. S. Veteran, specify WAR	*********
	(a) Residence: No. R. F.D. Brold M. W. (Usual place of a pool	oft., Ward. If nonresident give city or town and St	ate
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	3. SEMBLO 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH January swenth, 1 (Month)	93 (Fear)
	5a. If married, widowed, or divorced HUSBAND of CORN WIFE of	22. A I HEREBY CERTIFY That I attended de	ceased from
ര്	6. DATE OF BIRTH (month, dey, end yeer) January 5,1968	I lest saw h 1 na elive on Lec. 5, 1936.	death is seid
cat	7. AGE Years Q Month's Oays If LESS than	to have occurred on the date stated ebove, et 430 a.m.	
certifica	68 0 2 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:	Oate of onset
of ce	8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Clork anewysm	2 7/49
back	9. Industry or business in which work was done, as SILK MILL, Private estate	Carlilis	Jugracy
on	10. Oate deceased last worked at this occupation (mouth end year)	Tertiory lues ower	
instructions	12. BIRTHPLACE (city or town) — Anaryland	Other Coutributory Causes of importance:	
nstı	II 13. NAME Fred Savage		
See i	14. BIRTHPLACE (city or town)	Neme of operation None Oate of What test confirmed diagnosis? X Au Dyan Westhere an eut	opsv? %_
nt.	15. MAIOEN NAME Little Helett TO	23. If death was due to external causes (V/O) ENCE) fill in also the following:	
important.	16. BIRTHPLACE (city or town) Milwould (Stete or country)	Accident, sulcide, or homicide? Oete of injury Where did injury occur?	19
	17. INFORMANT Mas May Swingler (Address) marley Creslette grad.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLAC	E.
is very	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
	Plece Jungub Januare Jan 8, 1937	Neture of injury	
TION	19. UNOERTAKER annes abfaires.	24. Was disease or injury in any wey releted to occupetion of deceased?	no.
ALC:	20. FILED 17 , 1937 M. B. Dealla Registrar.	(Signed) Avoy m. Moso (Address) Alam Burnie	Ind.
	If more blanks are needed address State Penistrar	DATE N. Charles Street Baltimore Description 71 S. No. v.	

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Ex	cample I	li	Example II	
The principal cause of dead of importance were as follows:	th and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	part .	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	SECULA	1921	Run over by street car	1 week ago
Cercbral hemorrhage	1	July 5, 1927	Peritonitis	3 days ago
	JAN 9 IM	50		
Other contributory causes	of importance:	7, 15.	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
	r.			
			2 h p h	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	107.
County a. G.	Registration Dist. No. 26
Village or City Anadu Stall	NoSt,Ward
Length of residence in city or town where death occurredyrsmo	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foraign birth?yrsmosds.
0000 0 44	
2. FULL NAME Clifted Scotl	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write tha word)	Jan 12, 193 7
5a. If merried, widowed, opplivorced	(Month) (Day) (Ygʻar)
HUSBAND OF COLUMN AND AND SANT	22. I HEREBY CERTIFY That I attended deceasad from
John Heart	1936, to Jan 10, 193/
6. DATE OF BIRTH (month, day, and yaar) whenour	I left saw h alive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
Ormin.	ware as follows: Data of onset
8. Trada, profession, or particular kind of work dona, as SPINNER, lower Constitution SAWYER, BOOKKEPER, atc	Barrie de la familia de la fam
SAWYER, BOOKKEEPER, atc.	fly ,9.
kind of work dona, as SPINNER, buth Oysternam SAWYER, BOOKKEEPER, atc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last workad at this occuration (month and	
10. Date deceased last worked at this occupation (month and spant in this	
year) occupation	Other Control to the
12. BIRTHPLACE (city or town). Sharky Side	Other Contributory Causes of Importance:
(Stata or country) / Mac	arburbalions alexand
13. NAME That Scott	
13. NAME Show. Scott 14. BIRTHPLACE (city or town) Shady Side	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Groceling Scott	23. If daath was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Grace Cinn Scott 16. BIRTHPLACE (city or town)	Accidant, suicida, or homicida? Date of injury, 19
(State or country) paloett loo, ma	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Scott	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Addrass) Shady Sill	
18. BURIAL, CREMATION, OR REMOVAL:	Manner of injury
Place Authorities Data AVW 14, 1937	Nature of injury
19. UNDERTAKER J. A. Hanglisty & plon	24. Was disaasa or injury in any way related to occupation of dacaasad?
(Addrass) Salestone ma	If so, spacify
20, FILED Jan 13, 1937 0/13 bent	(Signad) lenge (10 prel) M. D.
Registrar.	(Address) Much 22

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterdis	1 year
		100	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

TION is very important.

FOR BINDING

ARGIN RESERVED

V. S. No. 1

state

of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		(98-70)
County Q. Q.	Cu:	Registration Dist. No.
Village or City Anna	polis of	No. 2. H O Utto Cot St., Ward death occurred in a hospital of institution, give its NAME instead of street and number)
Length of residence in city or town where dea		ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Coluce	is Scott	If U. S. Veteran, specify WAR Norld War
(a) Residence: No. 244 94	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5	or DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	South	22. I HEREBY CERTIFY, Thet i ettended deceesed from
a part of popul (such during) (†	0 4- 1891	! last saw h alive on
6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Month	Days If LESS then	to have occurred on the date stated above, etm,
46 7	27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Laly	ante Vilation of the
kind of work done, as SPINNER, SAWYER, BODKKEPER, etc		X/En+
10. Dete decessed last worked at this occupation (month and year)	11. Total time (years) spent in this occupetion	Probable primary course & Chronic myscardition
	0	Other Contributory Causes of importence: Duration ; over one year.
12. BIRTHPLACE (city or town)(State or country)	md.	- Eugh,
	Jan H	
E	T A A	Name of association
14. BIRTHPLACE (city or town)	Lu. Co. md	Neme of operation
61/1/	2 and the	23. If deeth was due to external causes (VIDL ENCE) fill in also the following:
E	2-1-	Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	simple mal	Where did injury occur?
17. INFORMANT (Address) To Col Char	faut	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMDYAL	Tay - or the	Manner of injury
Place Burer Will	Date 21/3 , 1937	- Nature of injury
19. UNDERTAKER ROO C	Liebo fr.	24. Was disease of injury in any way related to exampation of deceased? If so specify ALLER Mellinsko silvae ()
20. FILED 2 2 , 19.3 7	Almpl Registrar	(Signed) Casting Corone)
Theore by		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis FEB 4 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	1 aly 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	W1 1000	Other contributory causes of importance: Gastroenteritis	
Vansiones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

1. PLACE

County Village of

mation should be carefully

ż

OF DEA			YLAND-	CERTIFICATE OF DEATH 975			
residence in ci	rowns v ity or town where John	ille Sta death occurred 6 Wesley	Selby	death occurred in a horpital or institution, give its NAME instead of street and number) 15_ds. How long In U.S. If of foreign birth?			
				tesh Courney, Maryland			
		ICAL PART		MEDICAL CERTIFICATE OF DEATH			
	4. COLOR OR RACE black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single			21. DATE OF DEATH January 27th (Month) (Day) (Year)			
dowed, or dive of f	orced			22. LHEREBY CERTIFY. That I attended decaased from Sept. 12th 19 30 to January 27 19 37			
FH (month, day, and yeer) 1885				I last saw h im elive on January 27, 19 37; death is said			
Years	Months	Days	If LESS than	to have occurred on the date stated above, et. 1:15 mA · M ·			
52	Unkı	nown	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows:			
ofession, or p of work done, YER, BOOKKE	as SPINNER,	Labore	r	General arteriosclerosis			
or businass li was done, as MILL, BANK,	n which SILK MILL.						

Langth of 2. FULL P (a) Resi PERS 3. SEX male 5a. If married, w HUSBAND (or) WIFE o 6. DATE OF BIR 7. AGE 8. Trade, p OCCUPATION 9. Industry WORK 10. Data daceasad last worked at 11. Total tima (years) spent in this this occupation (month and Other Contributory Causes of Importance: Lues 12. BIRTHPLACE (city or town) (State or country) FATHER George Selby 13. NAME 14. BIRTHPLACE (city or town) Name of operation. (State or country) What test confirmed diagnosis? MOTHER Margaret Conquest dea 15. MAIOEN NAME 23. If death was due to external causes (VIOL ENCE) fill In elso the following: 16. BIRTHPLACE (city or town) (State or country) Whare did Injury occur?____. (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT Maryland (Address) 18. BURIAL, CREMATION, OR REMOVALO 24. Was disaase or injury in any way related to occupation of decesed 19. UNOERTAKER (Addrass) If so, specify Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	d de la company	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage A 1931	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

,	STATE C	OF MARY	/LAND-	CERTIFICATE OF DEATH	135		
	County Anne Arunde	1		Registration Dist, No.	1		
	,				Ward		
	Length of residence in city or town where	death occurred 1	yrs. 5 mos	al No. St., f death occurred in a horpital or institution, give its NAME instead of street and ds. How long In U.S. tf of foreign birth? yrs	number)		
12	2. FULL NAME Wil	liam Smi	th #2	If U. S. Veteran, specify WAR			
	(a) Residence: No. 518	McMacke	n St., B	alstimore Wardlaryland If nonresident give city or town an	1 C.		
-	PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	1 State		
3. SEX Male black S. Single, MARRIED, WIDOWED, OR DIVORCED (write the word) married				21. DATE OF DEATH January 12th (Month) (Day)	., 193 7		
5a.	tf married, widowed, or divorced HUSBAND of (or) WIFE-of Jennie	Smith		22. HEREBY CERTIFY. That I attended deceased from August 9th 19 35 to January 12 19 37			
6.	DATE OF BIRTH (month, day, and year)	1904		Hast saw h im alive on January 12 19 37	deeth is said		
-	AGE Yeers Months	Days	If LESS than	to heve occurred on the date stated above, at 3 P. m.			
	33 Unkn	own	1 day,hrs. ormin.		L Detactored		
8. Trade, profession, or perticular kind of work done, as SPtNNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased tast worked at this occupation (month and spant in this concepts).				"ferminal pneumonia	Boatedeset.		
000	1D. Date deceased tast worked at this occupation (month and year)		ne (years) t in this				
12. BIRTHPLACE (city or town) Maryland (State or country)				Other Contributory Causes of importance: Lues	?		
ER	13. NAME William E.	Smith					
13. NAME William E. Smith 14. BIRTHPLACE (city or town) Unknown (State or country)				Neme of operation Date of			
2		e Brown		What test confirmed diagnosis? Was there en autopsy?			
15. MAIDEN NAME Jennie Brown 16. BIRTHPLACE (city or town) Unknown (State or country)				23. if deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?			
17. INFORMANT Hospital Records (Address) Crownsville, Maryland							
18. BURIAL, CREMATION, OR REMOVAL			ry land	Manner of injury			
	Place M. Jaisgray	Date /	3 ,1937	Neture of injury			
19. UNDERTAKER Alliam A Jackson (Address) 916 Juna are				24. Was disease or njury hany was related to occupation of deceased?) }		
20.	FILED 113 , 1937	£7.00	7 CL- Registrar.	rownsville, Marylan	M. D.		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i i	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FFB 4 1937	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(97)
County Lu. Lo.	Registration Dist. No.
Village or City Comago & les	No. No. J. M. St., Ward
Length of residence in city or town where death occurred Dyrs	(If death occurred in a Morpital or institution, give its NAME instead of street and number) nosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Julie 2 July	u dens
(a) Residence: No. Cennas olis. P. Ziki	, # st/ Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WILDOWED	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sauce 15 1937
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of fluggo organ	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) Theknus	last sew has alive on dever 14 19.35 doesn't soid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above at. 3. 4. m.
1 day,h	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8 Trade profession or particular	were es follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Hart taclure Immed
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceesed last worked at this occupation (month and	Caimary Cause & arteriorselevasis
SAW MILL, BANK, etc	Cw4R.
this occupation (month and spent in this occupation	*
12. BIRTHPLACE (city or town)	Other Centril Mary Causes of importance
(State or country) Ur Ly Ca. Ma	Lenile Webit to tinh
13. NAME The borow.	The state of the s
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Edutity) / Miles one	What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Much our.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT County relatifore Board.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place St. Mary Gent Date Jan 18 , 193	Nature of injury
19. UNDERTAKER OF ACCESS	24. Was disease or injury in any way related to occupation of deceesed?
20. FILED / 19 3/ 97 Wild Registrar.	(Signed) Mustine Jarea M. D. (Address) Muse Market M. D.
	tr, 2411 N. Charles Street, Baltimore, Requesting O. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example 1		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
HURRAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	1			

Registration Dist. No. 1 LailNo. St.,

(If death occurred in a horpital or institution, give its NAME instead of street and number) vrs. 8 __mos. ____ds. How long In U. S. If of foreign birth? _____yrs. ____mos. ____ds. If U. S. Veteran, specify WAR If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH January 21st I HEREBY CERTIFY. That I attended deceased from 1935 to January 21 21stig 37 death is said to have occurred on the date stated above, at 8:25P mM. The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onest Pulmonary tuberculosis Name of operation -----What test confirmed diagnosis? Was there an autopsy? 23. If death was dua to external causes (VIOLENCE) fill in also the following: (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 24. Was disease or injury in any way related to occupation of decreased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The second secon			
		м-	+
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH OCCI Jo bluods County China Registration Dist. No. Jo (If death occurred in a hospital or institution, givents NAME instead of street and number) S Length of residence in city or town where deeth occurred How long in U.S. if of foreign birth? PHYSICIAN (a) Residence:/No (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID'OWED, 21. DATE OF DEATH OR DIVORCED (writesthe word) BINDING 5a. If married, widowed, or divorced HUSBAND of Thet I attended deceesed from (or) WIFE of 6. DATE OF BIRTH (month, dey, end yeer) 7. AGE Yeers Montks If LESS than I day, ____hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or____min. Date of onset 8. Trade, profession, or perticular OCCUPATION kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc..... RESERVED 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc..... back plnous 10. Dete deceased lest worked at 11. Totel time (years) this occupetion (month and spent in this yeer) _____ occupetion __ instructions ARGIN 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Neme of operation. plain (Stete or country) carefully Whet test confirmed diagnosis?. ----- Wes there en eutopsy?. MOTHER important. 15. MAIDEN NAME 23. If death was due to externel causes (VIOLENCE) fill in elso the following: ij DEATH Accident, suicide, or homicide?______ Dete of injury_____, 19_____ 16. BIRTHPLACE (city or town) (State or country.) pe Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT pluods OF (Address) 18. BURIAL CREMATION. Manner of injury CAUSE mation Plece. LION Nature of injury_ 19. UNDERTAKER (Address) If so, specify Registy If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HUGGAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RESERVED

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) By the world of the street and number of the street and
	(a) Residence: Np. State (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
0	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
58	n. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettanded deceased from
-	DATE OF BIRTH (month, day, and year) 3 AGE Years Deys If LESS than I day,hrs.	to have occurred on the date stated above, et
k of c	8. Treda, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	were as follows: Date of onset
- 1 -	year) occupation 2. BIRTHPLACE (city or town) Throughout	Other Contributory Causes of importance:
See instructions	13. NAME HILLIAM Smoth	Name of operation
See	14. BIRTHPLACE (city or town).	/ What test confirmed diagnosis? Wes there an eu'opsy?
important.	15. MAIDEN NAME MAY E PARTIE OF THE STATE OF	23. If death wes dua to external causas (VIOLENCE) fill In elso the following: Accident, sulcide, or homicide?
ls very	7. INFORMANT (Address) & Shelman Clo 8. BURIAL, CREMATION, DR REMOVAL Place Shell Hall, Dato Jum 4, 1977	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury
NOLL	9. UNDERTAKER B. J. Mingres (Address)	24. Was disease or injury in any way retitled to accupation of deceased? If so specify to step the Climstonic

STATE OF MARYLAND-CERTIFICATE OF DEATH

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	1 week ago
Run over by street car	
	1 week ago
Perilonilis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year
	Other contributory causes of importance:

for authorization & Change name of mother see let	da la Vall
	un july
remain growth 1/10/3/2	

ARGIN RESERVED FOR BINDING

1.	STATE OF MARTLAND	-CERTIFICATE OF DEATH
		8
	County Crime Chundels	Registration Dist. No.
	Village or City Weems Creek	No. Welster Melle St., V. (If death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurredyrs	nosds. How long in U.S. if of foreign birth?yrsmos
2	FULL NAME Laby Thomas	4.
1	(a) Residence: No. Wagnus Cleek	St., Ward. If nonresident give city or town and State
Semanais.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. 5	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	193
5a.	If marriad, widowed, or divorced	(Month) (Day) (Feat
	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased
	A. Ph. 1951	, 19, to, 19, 19
	DATE OF BIRTH (month, day, and year)	I last saw h alive on, 19; daath is
1. /	AGE Years Months Days If LESS than	
_	8. Trade, profassion, or particular	ware as follows:
NO N	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	
PAT	9. Industry or business In which	2 10 3 maille 2 100
CCUPATION	work was dona, as SILK MILL, SAW MILL, BANK, etc	al to be a little of the second
ŏ	10. Date daceased last worked at this occupation (month and year)	Courtering - W
	011 81	Other Contributory Canses of importance:
12.	(State or country)	
ER	13. NAME Willeam 9. Thomas	
I	14. BIRTHPLACE (city or town) Allema Kuck	Name of operation
FAT	(State or country)	What test confirmed diagnosis? Was there an autopsy?
HER	15. MAIDEN NAME Javina Jackson	23. If death was due to external causes (VIOLENCE) fill in also the following:
MOT	16. BIRTHPLACE (city or town) Delaware	Accident, suicida, or homicide? Date of Injury, 19_
Σ	(State or country)	Whara did injury occur?
17.	INFORMANT William G. Thomas (Address) Wiens Creek Q. G. G. W. G.	(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	Place Illeus Vill Data Jany 195	Nature of injury
19.	UNDERTAKER John 24 Jaylor	24. Was disaase or Injury of any way ralated to occupation of deceased?
	(Agdress) / agmapalle 24d.	If so, spacify
20.	FILED Tanlo 1957 Munjoly.	(Signad) www.
	Registrar.	(Addrass) / Successful line and

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Chronic interstitial nephritis 4	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	AL SPACE FO	FURTHER	STATEMENTS	BY	PHYSICIA:
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should state RD. Every item of infor-OCCUPA-Jo PHYSICIANS Exact statement stated EXACTLY. IS A PERMANENT properly classified. certificate. UNFADING INK-THIS See instructions on back of mation should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may TION is very important. N. B.-WRITE PL

17. INFORMANT

19. UNDERTAKER (Address)

(Address) 18. BURIAL, CREMATION,

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County armse arundel.	82-61 Paristaria Dia na 3-4
0 10	Registration Dist. No.
Village or City Uncorrlyn & lights	No. / St., Ward death occurred in a hospital or justitution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 10yrg2mos.	
2. FULL NAME To enry Thomas	
	St. Ward.
(a) Residence: No. //5 Would (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVERCED (wing the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Moy(th) (Day) (Year)
HUSBAND of (or) WIFE of	22. 0 1 HEREBY CERTIFY That I attended deceased from
Junga .	Jan. 6, 19 37, to Jan. 9, 19 37
6. DATE OF BIRTH (month, day, and year) Will 8 1886	I last saw have alive on law 9 19 37 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Cerebral Harmonkael 1/9/37
9. Industry or business in which work was done, as SILK MILL,	1-4
SAW MILL, BANK, etc.	artenoschussis ?
- A Sport in this	
year) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME GLORGE (OIL) OF ON	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Mary Echert	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary Echero	Accident, suicide, or homicide? Date of injury19
State or country Ballo-Wal.	Where did Injury occur?
YIII and Others	(Specify city or town, county and State)

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No.

Manner of Injury Nature of injury

If so, specify (Signed)

Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis C	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		124	

REVISED LERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; business, that fact may be indicated thus: Farmer star ecupation at beginning of illness. If retired from or given up on account of the disease causing drath, gaged in domestic service for wages, as Servant, Cook, to report specifically the occ pations ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewije, Hausehousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerworked on may form part of the second statement. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of falkers of various parsuits can be known. The quescupation is very important, so that the relative health-Whatever, write None. Housemaid, etc. Statement of Occupation-Precise statement of oc ed 6 yes.). For persons who have no occupation Itional line is provided for the latter statement; it etc., Foreman, (b) Automobile factory. engineer. Stationary firemen, etc. For many occupations a single word or term on OJ. without more precise specification as Day At Home, and children, not (a) the kind of work and also (b) the if the occupation has been changed -Coal mine, etc. Womof persons But gainfully em-The material in many en-

spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid feeer (never report "Typhoid pneumonia"); ed term for the : ame disease. Examples: Cercbrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Lobar pneumonia, Bronchopneumonia ("Pneumonia," statement of Cause of Death-Name, first, the DIS-(the only definite synonym is "Epidemic cerebro-

> strain-accident: Revolver Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on thend of Poisoned by carbally acid-probably suicide. The na-. Examples: quences (e. g., sepsis, tetunus) may be stated under the ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely, and qualify as accidental, suicidal, or homicidal, or symptomatic), "Atrophy," "Collapse," condition such as "Asthenia." use of "Tunnor" for mulignant neoplasms); State cause for which surgical operation was under-"Puerperal suplicaemia." "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. "Uraemia," "Weakness," etc. when a definite disease rhage." "Inamition." "Marasmus," "Old Age." "Shock," "Dropsy," "Exhaustion." "Heart vulsions," causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping inges, peritonacium, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-10 18. .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DUATHS STATE MEANS OF INJURY "eontributory." "Debility" ("Congenital," "Senile," etc.) cough; Accidental drowning; Struck by railway Never report mere symptoms or ferminal Chronic valvular heart (R commendations on statewound of head-homicide; "Anaemia" failure." "Haemor-Always qualify all "Coma." Mousles; discuso; (merely (second-(disease "Con-

tions answered in detail, it will prevent further correspond If this certificate is it ked over thoroughly and all ques-All the data 's essential and must be obtained before

1937

the certificate is permanently filed

STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEATH 000 plnods County Arma Armadal Registration Dist. No. 2 I No. ____St, ___Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number) Village or City Free town Jo PHYSICIANS statement 2. FULL NAME TIPE TIPE If U. S. Veteran, specify WAR. RECORD. (a) Residence: No. Freetown If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) January 23rd female. negro married 5a. If marriad, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from Wesley Turner (or) WIFE of January 22nd, 1937, to January 23, 19 37 M 6. DATE OF BIRTH (month, day, and year) August 18, I905 I last saw her_alive on January 23rd 1937; death is said certificate. 7. AGE to have occurred on the date stated above, at __ 3 __ 2 O.m. m Months Davs If LESS than 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causas of Importance or min. Acute hamorrhagic OCCUPATION 9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc..... may back 10. Date daceased last worked at 11. Total time (years) on spent in this this occupation (month and that instructions 12. BIRTHPLACE (city or town) A. A. Co. (State or country) supplied. FATHER 13. NAME Jonas Edwards 14. BIRTHPLACE (city or town) A. A. CO. Nama of operation PRIVERS Data of plain (State or country) carefully What test confirmed diagnosis?_____ Was there an autopsy?_pa important. 15. MAIDEN NAME Maria Smith 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident. suicide, or homicide?______ Date of injury______19____ 16. BIRTHPLACE (city or town) ... A. ... A. ... CO. (Stete or country) Where did injury occur?_____ be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17 INFORMANT James Edwards plnods OF 18. BURIAL, CREMATION, OR REMOVAL CAUSE Place Marley Neck Date T-26 1937 mation Nature of injury_____ 24. Was disease or injury In any way related to occupation of decaased?___. 19. UNDERTAKER Isiah Brown If so, specify (Signad)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4 145
1. PLACE OF DEATH	
County $Q - a -$	Registration Dist. No.
Village or City Comapotio And'	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds How long in U.S. if of foreign birth?
2. FULL NAME HEnry Valinting	If U. S. Veteran, specify WAR
(a) Residence: No. 173 Catherdral (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word) Martin	21. DATE OF DEATH (Month) (Day) (193 (Year)
5a. If marriad, widowed, or divorced cy Molentine HUSBAND of (or) WIFE of	22. JHEREBY CERTIFY, That I attended deceased from Syntambus, 1937
6. DATE OF BIRTH (month, day, and year) Inly 4	I last saw h 1 alive on fun 13 ,1937; deeth is sald
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH end related causes of importance
ormin.	were as follows: Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or businass in which work was done, as SILK MILL, US, V / SAW MILL, BANK, etc 10. Data deceased last worked et this occupation (month and spent in this spent	Ohs. Myocarditis C oltempinsotis > Syligs
10. Data deceased last worked et this occupation (month and year) 11. Total time (years) spent in this occupation (month and year) 12. BIRTHPLACE (city or town) Macklim burge (State or country)	Other Contributory Causes of importance: A. Arturn Cleivis ? Chy. Mphritis
13. NAME John Valinims 14. BIRTHPLACE (city or town) Macking way & (State or country)	Name of operation
15. MAIDEN NAME Many - unknown 16. BIRTHPLACE (city or town) - Macklinbyrg? (Stata or country)	23. If death was due to axternal causas (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Howard Valenting (Address) 173 Catherdral be-	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Placa SI am CENT Date / / 9 37	Manner of injury
19. UNDERTAKER & HB Parker (Address) 47 Washington 5 20. FILED Can 15 19 5	24. Was disease or injury in any way related to occupation of deceased? My
ZU, FILEDA DA TOTAL DE LA TOTA	(Address) 31 SW/N35 nh m)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAUVE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis .	1 year

CHANGE OF AGE and change	FOR FURTHER STATEMENTS BY PHYSICIAN of address of deceased authorized by letter	filed
3/13/37 under	ÇDR. KLAWANSL.	-

TION is very important. See instructions on back of certificate.

of OCCUPA-

1. PLACE OF	DEATH	T MIAR	ILAND	CERTIFICATE OF DEATH
County A	Anne Arunde	1		Registration Dist. No.
Village or City	v Crownsvi	lle Sta	te Hospi	
Length of reside			(1	death occurred in a hospital or institution, give its NAME instead of street and number) 8 death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAM	T - 1	Valenti		If U. S. Veteran, specify WAR
		orth Fr		
				est, Balwardmore, Maryland If nonresident give city or town and State
	L AND STATIST	1		MEDICAL CERTIFICATE OF DEATH
male	4. COLOR OR RACE black		RRIED, WIDOWED, ED (write tha word)	21. DATE OF DEATH January 26th (Month) (Day) (Year)
5a. 11 marriad, widowed HUSBAND of (er) WHFE of		Valenti	ne	22. I HEREBY CERTIFY. That I attanded deceased fro Jan. 18th 19 37, to January 26 19 37
6. DATE OF BIRTH (m	onth, day, and yaar) 18	92		i last saw h im alive on January 26th 19 37. death is sai
7. AGE Years		Days	If LESS than 1 day,hrs.	to hava occurred on tha date stated ebove, at 8:15 A.M.
45	Unkn	φwn	ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance ware as follows:
8. Trada, professi kind of wor	on, or particular rk done, as SPINNER,	Labor	er	Senile arteriosclerosis (generalized)
SAWTER, B	OOKKEEPER, atc			(generalized)
	iona, as SILK MILL, BANK, etc			
10. Date deceasad this occuper year)	tion (month and	- spa	time (yaars)	
12. BIRTHPLACE (city of (State or country)	or town) Sout	h Carol	ina	Other Contributory Causes of importance:
13. NAME	Jack Valen	tine		
I	city or town)		arolina	Neme of operation
œ 15. MAIDEN NAME	Ollie	William	S	What test confirmed diagnosis? Was there an au'opsy?
	city or town) Sout	h Carol	ing	23. if death was due to axternal causes (VIOLENCE) fill in elso the loilowing: Accident, suicide, or homicide?
State or co			***************************************	Where did injury occur?
	lospital Re Crownsvill		land	(Specify city or town, county and State) Spacify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATIO		Qa.	21t 37	Manner ol injury
19. UNDERTAKER(Address)	3 long (JUU	Pega	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED 1 2 7	137 8	7 Joyce	kegistrar.	Gigned (Address) Maryland M.
	If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

B. ż

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH

1. PLACE OF DEATH	930
County Anne Arundel	Registration Dist. No. 2I
Village or City Green Haven	NoSt., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Stephen Francis Walker	If U. S. Veteran, specify WAR
(a) Residence: No. Freen Haven (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Male 4. COLOR OR RACE OR DIVORCED (write tha word) Widower	21. DATE OF DEATH January 22 , 193. 7 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary K. Walker	22. I HEREBY CERTIFY, That I attended deceased from January 6, 1937., to January 22, 19-37
6. DATE OF BIRTH (month, day, and year) NOV. 27. 1863	I last saw him alive on January 2 I, 1937_; death is said
7. AGE Years Months Oays If LESS than Iday, Iday, Iday, Iday, Iday, Inc. Inc.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
73 I 26 or min.	were as follows: Arteriosclerosis Oate elonset
SAWYER, BOOKKEEPER, etc	Chronic myocarditis indef.
year) occupation 12. BIRTHPLACE (city or town) Baltimpre (Stata or country)	Other Contributory Causes of importance:
13. NAME James A. Walker 14. BIRTHPLACE (city or town) Hallings And (Stata or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Natilda Sinclair, 16. BIRTHPLACE (city or town) Ballimare, Ind. (State or country)	23. If death was due to external causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide?
17. INFORMANT Henry L. Walker (Address) 2424 E. Balto st	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Trinity Oate Jan. 25 ,1937	Manner of injury
19. UNOERTAKER Lily & Ziler (Address)	24. Was disease or injury in any way related to occupation of deceased? NO
20. FILEO /- 22, 1937 Z. a. Breit	(Signed) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of dcath and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1 FEB 4 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Chronic interstitial nephritis Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. N. B.

STATE OF	MARYL	AND-CERTIFICAT	E OF	DEATI
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1. PLACE OF DEATH		107:50	distant.	
County Conne	· Cound	rl	Registration Dist. No.	119172.00
Village or City Sev	una Ok, O	70. Mar Early	gh Asto s	t.,Ward
Length of residence In city or town when	e death occurred	mosds. How long in U.S.	nution, give its NAME instead of stree	
2. FULL NAME Arm	ry Matkin	If U.S. Veteran s	pecify WAR	
(a) Residence: No.	(Usual place of abode)	K. GO St., Ward.	If nonresident give city or tow	n and State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL	CERTIFICATE OF DEAT	ÇН
Male Colored	5. SINGLE, MARRIED, WIDO OR DIVORCED (write the		-1 77	, 193.7 (Year)
5a. If married, widowed or divorced HUSBAND of (or) HIFE OF	Fratkins		CERTIFY, Thet I att	
6. DATE OF BIRTH (month, day, and year)	1872 1		, 19	
7. AGE Years Months	Days If LESS 1 day,	than to have occurred on the data st		
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	latorer	Pormehal	Manmonia	Date of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	1	0		age
10. Date deceased last worked at this occupation (month and jodge year)	11. Total time (years) spant in this occupation	if orad upon	n armyal	
12. BIRTHPLACE (city or town)	mond, ba	Other Contributory Causes of in	nportance:	
1	Enoun	and about	3, 30 mm	
13. NAME 14. BÎRTHPLACE (city or town) (Stata or country)	Q ₁		Det	
	2000		Was the	
16. BIRTHPLACE (city or town)	Q.		causes (VIOLENCE) fill in also the fol	
17. INFORMANT Curgostine	Moston.	Where did injury occur? Specify whether injury occurred	(Specify city or town, county as in INDUSTRY, in HOME, or in PUBL	nd State) IC PLACE,
(Address) 18. BURIAL, CREMATION, OR REMOVAL Place Address: Address A	5. Date Jan. 31	Manner of injury		
19. UNDERTAKER (Addiess)	Thomas .	10	way related to occupation of decrease	od?j.
20. FILED 1 30 ,40 37	Murph	(Signed) Action	ing Corones !	

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
11 11 11 11 11 11 11 11	الك-		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	fs.	A	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	3	- An	
	16 2	40	

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	Every item of infor	PHYSICIANS	ACTION OF LEAST AS ACTION
	Sakb.	YSI	4-4-
		PH	70

1. PLACE OF DEATH

ARGIN RESERVED FOR BINDING

Length of residence in city or known where		death occurred in a horpital of institution, give its NAME instead of street. ds. How long in U. S. if of foreign birth?yrs	
2. FULL NAME Olda	Wells -	If U. S. Veteran, specify WAR	
(a) Residence: No. 2	(Usual place of abode)	St Ward. If nonresident give city or to	own and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA	ТН
Hem - Color or RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	, 193 (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William A.	Wells.	HEREBY CERTIFY, That I a	ttended deceased fro
6. DATE OF BIRTH (month, dey, and yeer)	eht 201877	I Jest sew hele alive on Jang (10), , 1	19.3.); deeth is sa
7. AGE Yeers Months	Days If LESS than 1 dey,hrs. ormin.	to have occurred on the date steled above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importan were es follows:	Date of ons
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	tonsownk	atterepeleinis	1935
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	11, Totel time (yeers)		
O this occupetion (month and year)	spent in this occupation	Other Contributory Causes of importance:	9, 2.
12. BIRTHPLACE (city or town) (Stete or country)	of the contract of the contrac	sugare of we say say	193
13. NAME Stephen	Lyneer	/	0
14. BIRTHPLACE (city or town).	A. C.	Neme of operation. A. D. Whet test confirmed diagnosis? Austral West	1
15. MAIDEN NAME Hann	ah dyneen	23. If death was due to externel causes (VIOLENCE) fill in also the	following:
0 16. BIRTHPLACE (city or town)	7 A.	Accident, suicide, or homicide? Dete of injury	, 19
17. INFORMANT & hasity	Tuddles	Where did injury occur?(Specify city or town, county Specify whether injury occurred in INDUSTRY, in HOME, or in PUI	and State) BLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL Piece A MARKET	Dete 23, 19	Manner of injury	
19. UNDERTAKER (Apdress)	Johnson Labolis,	24. Wes disease or injury in any wey related to occupation of decee	sed? No
20. FILED 1- 12 , 19 37	Muster (Registrar.	(Signed) Allest h. Weders	in M

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
FEB 4 1937				
Other contributory causes of importance: 3.		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			y god,	

ADDITIONAL	SPACE F	OR	FURTHER	STATEMENTS	BY	PHYSICIAN

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17. INFORMANT

19. UNDERTAKER

20. FILED.

(Address)

(Address)

18. BURIAL, CREMATION OR REMOVAL

BINDING

FOR

ARGIN RESERVED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

D. 24

Registrar.

Manner of injury

If so, specify_

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Nature of Injury

24. Was disaase or injury in any way related to occupation of deceased? L.C.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage FEB 4 1937	July 5,1927	Peritonitis	3 days ago	
HIVEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

CTATE OF MADVI AND CEDTIFICATE OF DEATH

	County	Anne	Arunde	el Count	У	(83)	Registration Dist, No	21
	Village or (,		lle Sta	te Hospi	tal _{No.} f death occurred in a hospital or institu s. 20 ds. How long in U.S. if o	tion, give its NAME instead of f foreign birth?yrs.	St.,Ward
2	. FULL NA	ME	Geoi	ge Whit	e alias 1	Nashington. vend.	specify WAR	
	(a) Reside	nce: No	At I	arge (Usual place		St.,Ward.	If nonresident give city or	town and State
	PERSON	AL AN	D STATIST	ICAL PART	ICULARS	MEDICAL C	ERTIFICATE OF DE	EATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEO, OR DIVORCED (write the word) MARRIED (write the word)						21. DATE OF DEATH January	22nd (Month) (Day)	, 193 (Year)
5a.	If married, widor HUSBANO of (er)-WHFE-of	wed, or divo	unknov	vn		June 2nd	CERTIFY, That is	ry 22nd, 37
6. DATE OF RIRT		IRTH (month, day, and year) 1900				I last saw him alive on	January 22nd	19 37; death is said
7. A	AGE Ye	37	Months Unkr	Days 10WN	if LESS than I day,hrs. ormin.	to have occurred on the date state The PRINCIPAL CAUSE OF DEAT were as follows: General paral	H and related causes of import	
OCCUPATION	8. Trade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc					- Constant parameter		
	yeer)			caroli	upation	Other Centributary Causes of impo	ortance:	
ER	I3. NAME	G	eorge V	Vhite				
FATH				orth Car	olina	Neme of operation		
E E	IS. MAIDEN NA	AME	Mollie	Bush		23. If death was due to external cer		
E IS. MAIDEN NAME Mollie Bush 16. BIRTHPLACE (city or town)					rolina	Accident, suicide, or homicide?	Date of inju	ıry, 19
17.	INFORMANT (Address)		pital I		rland	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.		rty and State) PUBLIC PLACE,
(Address) Crownsville, Maryland 18. BURIAL CREMATION, OR REMOVAL Place Dete //26 ,13						Manner of injury		
19.	UNDERTAKER _ (Address)	D.R.	P. Wrule	rode De	reft -	24. Was disease or injury in any w		ceased?
20.	FILEO	26	13) E	7 Joy	Registrar.	(Signed) Croy	vnsville. Ma	rvland M.

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Chronic interstitial nephritis FEB 4 3000	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year

OCCUPATION

occupation. 12. BIRTHPLACE (city or town) (Stata or country) anylano FATHER 13. NAME om 14. BIRTHPLACE (city or town). (State or country) MOTHER 15. MAIOEN NAME

16. BIRTHPLACE (city or town) ... (Stata or country)

18. BURIAL, CREMATION, OR REMOVAL

17. INFORMANT

19. UNDERTAKER

(Address)

Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury

24. Was disease or injury In any way related to occupation of deceased?

If so, specify

Name of operation.

What test confirmed diagnosis?_

Where did injury occur?____

Other Contributory Causes of importance:

(Address)

23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, sulcide, or homicida?_______Date of Injury_______19.

(Specify city or town, county and State)

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Cerebral hemorrhage 1937	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			A THE

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH plnods Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death PHYSICIAN If U. S. Veteran, specify WAR (a) Residence: No. If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word) (Month) (Oay) (Year) 5a. It married, widowed, or divorced HUSBANO of HEREBY CERTIFY. 22. I ettended deceased from (or) WIFE ot 6. DATE OF BIRTH (month, day, and year) properly 7. AGE **Oavs** 1 day ... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Oate otonset 8. Trade, protession, or particular kind of work done, as SPINNER, OCCUPATION SAWYER, BOOKKEEPER, etc.____ back may 9. Industry or business in which should work was done, as SILK MILL SAW MILL, BANK, etc. 11. Total time (years) 10. Oate deceased last worked at this occupation (month and spent in this year) _____ occupation _____ Other Contributory Canses of Importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See Name of operation ... 14. BIRTHPLACE (city or town) plain (State or country) efully What test confirmed diagnosis?_______Was there an eutopsy?___ MOTHER 15. MAIOEN NAME 23. If death was due to external ceuses (VIOL ENCE) fill in elso the following: ii. Accident, suicide, or homfeide?___ _____ Date of Injury______ 19____ OF DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?___ pe Specify city of town, county and State) Specity whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE, 17. INFORMANT plnous (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury CAUSE Nature ct injury. LION 24. Was disease or injury in any way related to occupate (Address) If so, specify Registrar.

If more blanks are needed, address State Registrar, 2411 Charles Street, Baltimore, Red

BINDING

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Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

155

1. PLACE OF DEATH County Anne Arundel					(3) Eliza
					Registration Dist. No. 27
	Village or City And	-		(If 3 yrs 5 mos.	No. Murray Avenue St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2.	FULL NAME C (a) Residence: Np.			St.	St., Ward. If nonresident give city or town and State
	PERSONAL AND	STATISTI			MEDICAL CERTIFICATE OF DEATH
3. SI		OR RACE	5. SINGLE, MARR	IED, WIDOWED, (write the word)	21. DATE OF DEATH Jane 28 , 193 7 (Year)
5a. I	f married, widowed, or divor HUSBAND of (or) WIFE of Ann	ced Woolley	•		22. I HEREBY CERTIFY. That I attended deceased from Jan., 1935, to Jan. 2-8, 1937
6. D	ATE OF BIRTH (month, day,	and year) Au	gust 26.	1888	I last saw harm alive on Jane 2/8 1997; death is said
7. A		Months	Days	If LESS than	to have occurred on the date stated above, at . 2.1.5 F. m.
	48	5	2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
TION	8. Trade, profession, or par kind of work done, a SAWYER, BDDKKEEF	ER, etc	lerk in	Executive State of	
OCCUPATION	9 Industry or business in work was done, as SI SAW MILL, BANK, et 10. Date deceased last work	IC	lary land.		
8	this occupation (mon		11. Total tin spent occup	in this ation	- The state of the
12.	BIRTHPLACE (city or town)_ (State or country)	Annano Mary la		•••••	Dither Contributory Causes of Importance:
ER	13. NAME George	E. Woo	lley		Chranic arterial haberturio 193
FATHER	14. BIRTHPLACE (city or tov (State or country)	Maryl			Name of operation name Date of What test confirmed diagnosis? Clinical Was there an autopsy?
ER	15. MAIDEN NAME Eli	zabeth	Russell		23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Elizabeth Russell 16. BIRTHPLACE (city or town) Annapolis (State or country) Maryland					Accident, suicide, or homicide?
17. 1	NEDRMANT Ann Wo (Address) Annap	olley olis, N	/d.		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REPLACE Annapol	MOVAL is, Md.	Date Jany	31, 19 37	Manner of injury
19.	INOERTAKER John (Address) Anna	M. Tayl	or Md.		24. Was disease or injury In any way related to occupation of deceased? 70
20. 1	ILED 1 31 1	27	J. MI	she	(Signed) J. Willis Martyse M.D.

B.—WRITE

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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E	Sh	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC	30
RIT	ion		Z
W	nat	Y	CIO
1	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	7	TION is very important. See instructions on back of certificate.
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item o	30		
Z			

STATE OF MARYLAND—	CERTIFICATE OF DEATH # 156		
1. PLACE OF DEATH	92-20		
County anne grundel	Registration Dist. No. 23		
	Ho. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)		
74 11	sds. How long in U.S. if of foreign birth?yrsmosds.		
2. FULL NAME MIS & arnetta ya	tes		
(a) Residence: No. 4 (Usual place of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Jemale White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH		
5a. If married, widowed, or divorced	(Month) (Day) (Year)		
HUSBAND OF OO. Not Know	22. I HEREBY CERTIFY That I attended deceased from See 20, 1936 to Jack 1937		
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on July 4 12, 19.57; death is said		
7. AGE Yeers Months Deys If LESS than	to have occurred on the date stated above, at 2304.M		
Obaut 69 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance		
8 Trade profession or/particular	were as follows: Date of onset		
6 kind of work done, as SPINNER, Hauseunge SAWYER, BOOKKEEPER, etc.	Chrinis Endora delas		
9. Industry or husiness in which	(mital Steward) huly		
work wes done, as SILK MILL, SAW MILL, BANK, etc	(Managa)		
O 10. Date deceased last worked at this occupation (month and year)			
12. BIRTHPLACE (city or town). I alkemane md	Other Contributory Canses of importance:		
(State or country)	Carelal Embolisin /day		
14. BIRTHPLACE (city or town) Baltimone			
[14. BIRTHPLACE (city or town) / dalkemone	Name of operation		
(State or country)	What test confirmed diagnosis?		
15. MAIDEN NAME lenknown	23. If death was due to external causes (VIOLENCE) fill in also the following:		
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME	Accident, suicide, or homicide? Date of injury, 19		
m . It	Where did injury occur? (Specify city or town, county and State)		
17. INFORMANT Glew Prime Wed	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury		
Piece Holes & ects & level, Date Jan. 7 , 1937	Neture of injury		
19. UNDERTAKER John J. Falley James (Address) 13/8 kight 15	24. Was disease or injury in any way related to occupation of deceased?		
20. FILED UN. 6, 1937 W. R. Dealba Registrar.	(Signed) Jalespande M. D. (Address) Jan Barrier M.D.		
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Questing U. S. No. z.		

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	- Anna Carlo dept. Anna Carlo de Carlo	1		
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
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